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JANUARY, 1867.

ART. I.—*Fracture at Base of Skull—Recovery.* By THOS. L. NEAL, M. D. Being a Paper read before the Montgomery County Medical Society.

John Ingersoll, express driver, aged 48, has been a constant drinker for a number of years. October 3, he fell headlong from the top of the seat of his wagon, upon the paved gutter, a distance of eleven feet. He was taken up insensible, and carried home, where, in company with Dr. Adams Jewett, I saw him shortly after the accident. He was bleeding from the nose, mouth and left ear. There was a cut three fourths of an inch long in the left temple, down to the bone; but, beside a bruise of the left ear, the skin was nowhere else broken. A careful examination of the head did not discover a fracture within reach. The surface was pale and cold; the respiration was so feeble as to appear scarcely performed at all; pulse rapid and without force; pupils widely dilated, and there was not the slightest evidence of sensibility.

The symptoms of compression soon became more manifest; the respiration became slower, sterterous and labored; pulse fell to fifty strokes to the minute, was soft and irregular, and toward evening there was developed a partial paralysis of the left side. The bleeding from the ear continued copiously for several hours after the injury; but was followed by a pretty free discharge of

serum, which, by the way, continued more or less for several days; in quantity sufficient to saturate, not only the pillow, but cloths put about him to keep his head dry. There was blood ejected from the stomach during the first twenty-four hours. The violence of the symptoms abated somewhat within twelve hours; still, the bad breathing remained for ten days, and the pulse did not rise above sixty for about twenty-four days. After the puffiness of the face subsided sufficiently, it was discovered that the left eye squinted inwardly, and great ecchymosis obtained within the orbit, "not," as Mr. Druitt says, "a mere speck of blood beneath the connjuctiva, but a complete ecchymosis coming from behind." There was complete deafness of the left ear, which up to the present promises but little improvement. Consciousness returned very slowly, although we were soon directed by him as to the kind of local applications to apply to his head. He had been ordered evaporating lotions, but he tore them off, and said he wanted "hot ashes." He got hot spirits and water, and was soothed and satisfied. Another point in this connection—as the symptoms were of the adynamic type, and remembering the habits of the man, he was allowed egg-nog, and whisky stews, both of which he scornfully refused to take.

On the night of the twenty-fourth day, the patient had a paroxysm of pain, which he referred to the left side of the head and ear, and which was truly agonizing, abating somewhat, and again returning until toward morning. At my visit, made early, I was surprised to find my patient had almost entirely recovered his reason, said he was suffering greatly, yet seemed sorely perplexed to know for the first time that he had received a fall, and had lost so much time. Now, whatever may be the explanation, the fact must be admitted as remarkable, that the return of reason was coincident with the appearance, or rather the lull of this violent pain.

He passed the day badly enough, but the night brought all the horrors of its predecessor. The next morning he was better again, and dozed for a short time, but was aroused with his pain, which, although not so violent as the night attacks, came on with considerable severity. To give details of the next two weeks, would be to repeat what has been said of those two days and nights, and my design in going into detail at all, is to place

beyond doubt the efficacy of a remedy in this, if it may not prove so in other cases of like character.

To follow, then, the history, these pains subsided rather abruptly about the 10th of November, and he has been steadily, yet slowly, recovering up to the time when this report was undertaken.

In mentioning the treatment, in order to be brief, I shall assume that up to the time of the occurrence of these violent head pains, he got about what is generally recommended in such cases, leaning strongly toward expectancy. With their appearance, I am free to confess, I was somewhat puzzled as to what course to pursue. I began, however, by giving small doses of morphine, to be carefully increased, until he was getting half grain doses every three hours.

This seeming to have no effect, he next got belladonna with no better results. I then asked Dr. Reeve to see my patient, and at his suggestion I gave him tincture of the root of aconite, and iodide of potash, which was continued until the physiological effects of the aconite were manifested; but as no amelioration of the pain followed, it was discontinued.

I next gave him ℞. Potassii bromidi ʒiss; tinc. valerianæ ammonia. fl. ʒviij; aqua camphoræ fl. ʒviij. Mix. Tablespoonful every three hours. This formula, after twenty-four hours, had developed such marked good results, and so beyond my expectation, that I was then in doubt as to whether its exhibition, and the subsidence of pain might not be merely coincident. I did not risk it, and kept up the medicine for six days longer. Now, as the patient was quite comfortable, and in order to fully satisfy myself to what it was due, the medicine was withdrawn; but before morning I was sent for, and found him suffering as much as before the medicine was first given. I then gave him twenty-five grains of the bromide, to be repeated every four or six hours—looking confidently for the relief of my patient, and in which I was happily not disappointed.

Again, there had now elapsed another week since the man had complained of pain; the appetite was good; he slept well, and every thing promised so favorably with him, I did not think there could be any necessity for continuing the remedy, and so in good faith this time, I suspended it. He had pain again, not violent

however, yet enough to prevent sleep. The bromide acted as happily as before, and, consenting to the urgent solicitations of the patient, he was allowed to continue its use up to the middle of December.

The commentary upon this case, undoubtedly is, that it was a remarkable instance of recovery from an extensive fracture of the base of the skull. All injuries of the head, however slight, may prove mischievous, while on the other hand grave accidents, implicating the brain itself, are not necessarily mortal. The symptoms of fracture of the base of the cranium, may, as Prof. Gross says, in a "perfectly simple case be mild; mild remedies sufficing for its relief;" "but," says the same author, "it is far otherwise when the fissure is extensive, owing to the lesion sustained by the brain and its envelopes." There is, then, profound collapse, and not the slightest sensibility of any kind. This may last a longer or shorter time, and leave it possible for an entire recovery at some remote period; or what frequently takes place, the unfortunate patient never reacts. There is *almost* always blood poured from the mouth, nose, and ears; and frequently also, sooner or later, a serosity issues from these same cavities. I have merely referred to what is usually observed of the cerebral symptoms in the kind of injury under consideration, from the fact that within themselves they can never be depended upon as pathognomonic of fracture: and a hint at what occurs in the simple form, and to notice what has been designated profound collapse in the grave, must serve our purpose, since they can only be held as concomitant indications, and of no value in the light of differential diagnosis. There are symptoms, however, which certainly tell us of injuries of structures in immediate contact with bones, and further indicate at what points, and to what extent these structures may be involved. Mr. John Hilton has grouped these symptoms into three divisions, and I can do no better than borrow his classification.

"1. Those symptoms resulting from an escape of blood to the exterior of the cranium by the orbits, nose, mouth, pharynx, or ear. 2. Those resulting from injury to the nerves traversing the foramina of the base, and must vary according to the normal functions of the nerve or nerves involved, and, 3rd, The escape of the cerebro-spinal fluid from the ear or other parts

of the cranium." After a blow upon the head, a certain amount of blood may be effused in the orbits, sufficient to produce considerable ecchymosis; as well as a certain degree of epistaxis, even when the nose has not received an injury; and, indeed, there may have been some bleeding from the ear and pharynx where the mucous lining of these cavities has been lacerated, not as the result of direct injury to the part itself, without necessarily involving a fracture. Yet, if any great amount of hemorrhage should occur, and especially from the pharynx and ear, consequent upon a severe blow on a remote part of the head, I think the best authorities will warrant us in pronouncing it the result of fracture of the base of the skull. Mr. Prescott Hewett insists upon the importance of extravasated blood under the ocular conjunctiva as diagnostic of fracture, and says of it, to be of prime value, "we should not be able to trace its limits," that it should extend farther than we are able to see. There may be extravasation in the mastoid region, and lateral regions of the neck, leading to strong suspicions of fracture of the posterior part of the base. The symptoms showing injury to the nerves will indicate not only fracture, but may point out its direction; a strabismus implicates the third or sixth nerve; a paralysis of the face shows that the seventh has suffered; deafness points to the auditory; loss of sensibility of one half the tongue to the third branch of the fifth, and of motion to the ninth; while dysphagia and snoring indicate that the exit of the eighth pair has been infringed upon by the line of fissure; and so we may carry these observations further, as by the absence of paralysis, or other derangements of nervous action, we may assure ourselves that the brain substance has not suffered. The escape of the serous fluid has given rise to much speculation, and even up to the present, I am not prepared to say that it must always be taken as unmistakable evidence of fracture of the base of the skull, nor that its source even when existing in large quantity, must always be referred to the cerebro-spinal liquor. That in almost all cases where this fluid has been discharged after severe injuries of the head, terminating fatally, it can be satisfactory demonstrated to have proceeded from a rupture of the membrane containing it, there can be no doubt. Yet, Mr. Hewett mentions in his lectures upon this

subject, at least two cases where no such opening could possibly exist, and, in one of the cases under his immediate eye, when the serum was copious and prolonged, a careful dissection, made by himself and Mr. Henry Gray, revealed that there was no fracture of the petrous bone at all. He says, that in this case, "the only possible explanation is, that it was a secretion of the membrane lining the tympanum and mastoid cells." As Mr. Hewett is perhaps the highest authority of the present day, who takes issue with those who believe this serous discharge to be in all cases the cerebro-spinal fluid, and consequently pathognomonic of fracture of the base of the skull, it may be excusable to copy what he is pleased to call his three classes of cases presenting this watery discharge. "The first is where the fluid from the ear is plentiful and of a decidedly watery character immediately after the accident; in these cases," he says, "we need still be in no doubt as to the nature of the accident. We may safely say that the watery discharge is due to the escape of the cerebro-spinal fluid, which can only take place through the petrous bone implicating the internal auditory canal and its membranes.

"The second class, characterized by a copious and prolonged bleeding from the ear, followed by a watery discharge, we may here also safely diagnose a fracture of the petrous bone, but we can not pretend to say that the line of fracture follows any particular course. It is right, however, that we should clearly understand that it is not to this watery discharge that we can in these cases safely trust for our diagnosis, but to the copious and prolonged bleeding which has never as yet led me wrong.

"Thus far, then, there is no difficulty in the diagnosis; not so however in the third class of cases. Here we get at first a discharge of blood only, which is neither copious nor prolonged; then comes the watery discharge, varying as to the time of its appearance. Mark, it may be there within a very few hours after the accident, varying again as to the quantity; it may be profuse also within a very few hours after its appearance. These are the cases," adds Mr. Hewett, "in which experience has of late taught us that the diagnosis must be doubtful. Does such a discharge of blood indicate a fracture? certainly not. Does such a discharge of watery fluid indicate a fracture? not for certain. A limpid watery fluid may be discharged within a few hours

after the accident, the quantity of it may even be profuse, and yet there may be no fracture. Up to the present time it has been held that these two characters of early appearance and profuseness, were signs positive, in truth, none more so, of fractared base. Of this idea we must now disabuse ourselves."

It need scarcely be added that we may have a fracture with none of the above indications to govern our opinion, and in their absence we may sometimes shrewdly guess at the true character of the mischief, but are never warranted in pronouncing it so with positiveness. The prognosis in these cases is extremely bad. A few years ago it was believed that all such accidents were fatal. Yet we now know, that although a person may receive an extensive fracture of the base of the skull, we need not necessarily condemn him to death.

There is very little outside of what is called general principles to be said of treatment. Operative interference may be necessary, where a spicula of bone impinges from the orbit, or from a caving in of a portion of the posterior fossæ.

In closing the account of this case, and the rambling comments I have been betrayed into making, I must apologize for introducing the details of treatment for the violent pains which afflicted my patient; but feeling that I stumbled upon what proved a very boon to him, and not then, nor now, being able to offer any solution of the means to ends, I beg that gentlemen will be kind enough to give this part of my paper more than a passing reference.

ART. II.—*Cases of Thoracic Disease.* BY H. P. AYRES, M. D., Fort Wayne, Ind.

CASE 1.—PNEUMONIA.—Jas. B. was attacked with pneumonia in the spring of 1844. The inflammation extended to both lungs, but reached a higher degree in the left, and resulted in an entire disorganization of that lung, and change in the locality of the heart. The attack and treatment of the pneumonia had no peculiarities, but the results are unusual, and beautifully illustrate the tenacity sometimes manifested for life, and the resources of nature in supplying any defect in the organism. During the sickness and convalescence there

were no special evidences of decay in the left lung, and the change which occurred can only be accounted for as the result of absorption. Mr. B. is still living, and his prospects for life are as good as they were twenty years ago, and, for the present, entirely forbid the idea of a post mortem examination.

The ribs on the left side of the chest have fallen in, or flattened, so that the measurement of that side is not more than one third that of the right. Percussion reveals only a solid mass occupying the remaining cavity, and the action or motion of the ribs is entirely wanting. The heart has been pushed entirely into the right side of the chest, and its action may be seen and heard, a little on the inside of the right nipple, while its apex points forward and outwardly. Its motions are quick, but smooth and uniform. The respiration is hurried, but the resonance of the right side, on percussion, indicates a sound lung. Mr. B. possesses a well-developed body, and one free from any hereditary disease. His appeareance now is slightly stooped, pale and delicate, yet he has sufficient strength to enable him to walk about and give directions respecting his business; but can undergo no great amount of fatigue. The right side of the chest is not materially increased in size, when we remember that it contains the heart and the entire respiratory apparatus of the body. The appetite continues good, and the digestive organs are entirely healthy. The vertebral column has not suffered with this great change in the organism. The stooping mentioned above, probably results from other causes. The man is, undoubtedly, living with only the right lung. The heart has been crowded several inches from its proper position in the thorax.

There are undoubtedly instances in which men have lived with one lung, from hepatization or solidification, but I do not now remember any, where there has been such an entire disorganization of the vital organs. What changes have taken place in the aorta, vena cava, heart and respiratory organs, is, for the present, only a matter of conjecture; and as the subject has lived for twenty-two years, and bids fair for many more, it may never be known.

Case 2.—Empyema from Pneumonia.—S. B., aged 35, a stout, vigorous, healthy and temperate man, was attacked

in 1850 with pneumonia. The inflammation occurred in both lungs, but was particularly severe in the left. The treatment was prompt and energetic; but as we write only to record the results of the case, we entirely omit it. Hepatization of the left lung followed in a few hours, while the right gradually assumed its healthy state and function. The patient slowly improved, and in six weeks, was able to visit town—his residence being six miles in the country. The dullness over the lung continued, but hopes were entertained that it would gradually resume its functions. He continued to visit town every two weeks, but complained of great pain in the diseased side of the chest, and a sensation of a floating or moving substance in that side. The first attack was in August, and in December he had become so emaciated and weak, and felt the weight of the left lung so great, that he gave up all locomotion, and confined himself to a semi-erect position in bed, being compelled to lie continuously on the back. From December to February his sufferings were intense and almost continuous. In February his physician visited him, and found an evident pointing of matter between the third and fourth ribs, which he opened, and over six pints of thick pus escaped within eight hours. So exhausting was it to the patient, that, notwithstanding he had a bandage around him tightly, it became necessary to stop the flow of the pus, until rest and stimulants could restore him. The operation left the patient in a much prostrated condition.

In three weeks, two more pointings appeared between the fourth and fifth ribs, which were opened, and discharged large quantities of matter. Subsequently four openings were made, one near the base, and one at the apex of the heart, the remainder as low down as the seventh rib, but all on the anterior surface of the left breast. During the sixteen years which have elapsed, new fistulæ have formed, and old ones closed. There are generally four running, three occasionally, and one, which is of great interest to me, and really the subject of this paper. This one he is compelled to empty night and morning, or, as he expresses it, "Blow it out." During the sixteen years, he has been confined to the house about one year; the remainder has been devoted to the management of his property; but at no time was he able to undergo any severe labor. His chest is drawn to the left side,

especially when walking. The ribs on the affected side have flattened, and the measurement is two thirds of that of the healthy one. The heart has been forced from its natural position, and lies immediately under the sternum. The diastole and systole of the organ conveys to the ear the impression, that the heart is surrounded with some substance which suppresses the sound, or, that it is deeply imbedded in the substance of the lung. Percussion over the diseased side reveals several cavities; and yet a sufficient respiratory murmur is heard, to show the existence of some healthy lung. There are, undoubtedly, five cavities in the lung, each one having a fistulous opening through the walls of the chest. The cavity which he "blows out" night and morning, has its opening between the fourth and fifth ribs, and three inches from the point where the ribs join the sternum. The orifice is three fourths of an inch in size, with healthy, organized edges. A probe can be introduced four or five inches. This opening he constantly keeps closed air-tight, excepting when he is emptying it. He usually uses a paper tent, made with the leaves of an old book, probably from their softness, which he rolls up tightly, until sufficiently large, when it is introduced its full length, leaving only enough externally to withdraw it when necessary. The tent, thus introduced, has some times slipped into the cavity, and has been extracted with difficulty. He is unable to breathe when this orifice is open. When he wishes to free the cavity from the accumulated pus, he withdraws the plug, simultaneously closing his mouth, and making an effort to cough, when the air and matter must pass out through the external opening. I confess my astonishment and surprise at the noise and force of the outrushing air, when he simply withdraws the tent. Some days he is compelled to cleanse this cavity three times, but usually only morning and evening. If he neglects to do so, he commences discharging it by the mouth, and can at any time, by bending his body downward and forward, cause the matter to flow from the mouth. The amount thus discharged is about eight ounces each time, or sixteen ounces per day. The surface of the affected side is covered with cicatrices and deep fissures.

It is a matter of astonishment how this man has thus lived through sixteen years with such a disorganized condition of the thoracic cavity.

ART. III.—*Uterine Tumor, Successfully removed.* By G. W. BOERSTLER, M. D., Lancaster, O. Being an extract from a letter to Prof. M. B. Wright, M. D.

I do not aim to add any thing new to the "etiology or pathology" of such *out-growths* from the uterine walls, but to impress upon the profession the fact, that surgical procedure is not only justifiable, but an imperative duty in such cases, even, when very unpromising aspects are present.

Nature can not cure, and "art" must be resorted to as the only chance to rescue such patients from premature death.

The surgical treatment of those out-growths from the "uterine walls" is of modern date, and was for a long period considered beyond the resources of art. The great advances in "physiology, chemistry, and the microscope," have enabled the surgeon to give us a correct pathology and proper diagnosis; thereby enabling us to adopt a rational procedure.

The invaluable "Prize Essay" on the surgical treatment of certain "Fibrous Tumors" by the highly gifted and accomplished physician Washington L. Atlee, M. D., of Philadelphia, has, in my judgment, contributed more to our knowledge and treatment of such cases, than any work I have had access to; and has furnished me the means of saving an invaluable life.

He is justly entitled to the motto: "*Palmam qui meruit ferat.*"

July 1st, I visited the wife of Dr. B., in consultation with Drs. Miner, Short, and Potter. We received the following history:

For about one year Mrs. B. felt a fullness, and slight prominence about the "fundus uteri,' and a little to the right—this slowly increased (though without pain) until the volume of the uterus was as large as at an eight months' pregnancy. The menstrual flow appeared at proper periods and usual quantity for the first five months, when it became hemorrhagic, and for the last three months the hemorrhage increased so much that the fearful drain left her blanched and prostrate, her respiration hurried, pulse 130 per minute, and the usual thrill of "anemia."

The touch revealed unusual heat in the vagina; the "os-tincæ" fully dilated, and filled with a tongue-like process of the tumor. Advancing my exploration the hand was arrested two inches

above the "os" by firm adhesions to the inner surface of the uterus, and around the entire tumor.

The grave question was presented, what can be done? Not to remove the tumor must soon be fatal to our patient. How to remove it perplexed us. Upon full consultation it was decided to attempt the removal.

The danger of the operation was fully declared to the patient; and she calmly expressed her willingness to submit.

Dr. B. put her under chloroform, and I proceeded to break up the adhesions with the fingers, but soon found bands too unyielding to my efforts; and I then resorted to a blunt-pointed "bistoury," guarding the edge with the index finger, and thus cautiously cutting the fibrous bands as near the surface of the tumor as possible; and proceeding slowly till the hand was partially benumbed by the uterine contractions, when I requested my friend Dr. Sotler to continue the operation, which he did with precaution and skill. We alternately relieved each other till we stripped the tumor from its adhesions to its base, in two hours and one quarter.

The efforts to separate it from its *out-growth* proving fruitless, I determined to throw an annealed wire around it, with a long double canula. I believed myself successful, for on drawing and fastening the wires, the instrument remained firm under proper traction. In forty-eight (48) hours it came loose; and was withdrawn by Dr. B. "It proved a failure." I received daily reports from Dr. B. and his medical advisers, as follows:

July 2d. Rigor at 11 o'clock last night, fever slight, abdomen distended and tender; complaints of great heat in genitals—no urination. At two (2) at night, threw off scalding urine; vaginal discharge, blood and water; offensive, bowels moved; gave opium.

July 3d. Abdomen as yesterday; also vaginal discharge; pulse one hundred and twenty (120); great thirst; urinated freely; continued opium.

July 4th. Increased fever, distension and tenderness of abdomen greater; pulse one hundred and twenty (120); urinated little, and painful, probably owing to descent of "tumor" filling up vagina under strong uterine contractions; discharge offensive, can not inject deodorizing agents, because "tumor" fills up the sheath; continued opium; ice freely to abdomen and vulva.

July 5th. Less fever and tenderness; pulse one hundred and ten (110); uterine contractions strong and frequent; lower portion of tumor protruding through "vulva" during contractions. Dr. B. used prudent traction on "tumor," and finds it softening; two (2) gushes of colored fluid of two (2) pints during traction. Treatment as previous day.

July 6th. Increased fever and delirium, from eight (8) A. M. to three (3) P. M.; pulse one hundred and twenty (120); abdominal distension and tenderness increased; contractions strong, and propelling "tumor" three (3) to four (4) inches beyond vulva; vaginal discharge small, but offensive; can only urinate on pressing "tumor" off "uretha." Treatment, opium and calomel. Ice as previously. Patient takes iced milk freely.

July 7th. No fever; pulse one hundred and twenty (120), small and soft; uterine contractions strong; skin leaking. Treatment as day previous, with brandy.

July 8th. Condition of patient as yesterday. Treatment, opium and calomel; beef tea, with iced milk.

July 9th. Symptoms more favorable; pulse one hundred and eight (108); uterine contractions strong; tumor descending and softening. Treatment, less opium; takes beef tea freely.

July 10th. I visited patient, and met her medical attendants. A half hour before my arrival "tumor" was expelled under strong contractions of "uterus and tractile" force by Dr. B. From this day madam slowly improved, and by October was in fine health, and so continues.

REMARKS.

The "tumor" weighed six and one quarter (6¼) pounds, measured at its base five and a half (5½) inches from right to left; from base to apex eleven and a half (11½) inches. I sent it to my friend Prof. Salisbury. of Cleveland, for microscopic examination, which he kindly gave me, viz:

"The microscope shows it to be a fibrous growth, scattered through among the connective fiber and connective tissue, cells, and granules."

ART. IV.—*Diseases of Children.* By G. W. H. KEMPER, M. D., Muncie, Ind.

Through the whole course of study laid down for the medical student, he meets with no class of diseases, or branch of the profession, that he enters with more reluctance or misgivings, than he does upon the study and practice of diseases of children. Of course there are exceptions, but they are rare.

Few young men who graduate and leave our medical colleges for their various fields of practice, consider themselves competent to cope with this class of diseases. There are reasons for this. Most of our medical students are young men of limited means, and when they commence the study of medicine, are anxious to proceed rapidly through the course of study, and begin a practice as soon as possible. He tells his preceptor so, and his preceptor "puts him through," and ten chances to one but the dreaded work on diseases of children is delayed to the last—slighted often. He goes to some medical college, but here his mind is dazzled by "capital operations," or so called "interesting cases," forgetting, apparently, that those cases we meet with oftenest, are the most interesting, and therefore deserving of most attention. Our medical schools are not able to give it as much thought as it deserves. Most of them have a professor, whose duty it is to lecture upon obstetrics, diseases of women and children. These three are all important branches, but the two former occupy nearly all the teacher's time, and if any one has to be cut short, it is the last. With these ill preparations he begins a practice. He is the pilot to guide these little barks to the haven of health, and now he feels his want of knowledge on the subject. If he should happen, unfortunately, to form a partnership with some old physician, he may get along swimmingly for the time, but if this should be ended, or if he commence a practice alone, he soon finds that he has sadly neglected an important portion of his profession, is unequal to the task, his practice declining, and he feels disgraced, or what is worse, that he may have killed his little patient from sheer ignorance. This may be a highly drawn picture, but I fear it is too often realized.

Now, we contend that children's diseases are more easily understood and susceptible of treatment, than any other portion

of the practice of medicine. True, the diagnosis is sometimes difficult, but is not this often the case in adults? In the very young patient we are deprived of the subjective signs, but we have a better opportunity of analyzing the objective, than we have in the adult. Another fact is that the objective signs in the child are more reliable than the objective signs in the adult. What physician has not been often misled when he placed too much confidence in the subjective signs? We have the expressions and color of the countenance and skin, gestures, peculiarities of sleep, respiration, breath, cry, tongue, evacuation, etc., etc. The observing physician can soon learn to form from these a correct diagnosis. The child's physician needs a large amount of patience and quick perception. In examining the child we are not compelled to violate any rules of seeming modesty, but can examine thoroughly from head to foot. The child is not a *malingerer*, or, in plainer terms, never lets on to be any sicker than it really is—it is just as sick as it appears, and no more nor less. How different often with the adult.

Every physician knows the intimate relation existing between the mind and body. Now, in the child we are rid of all those mental emotions which often aggravate disease in the adult—anxiety, cares of life, fear of death, etc., are all unknown to the infant, and their depressing effects are not felt.

The sexual system being undeveloped, what a train of diseases we can exclude when forming a diagnosis. Hysteria, with its protean forms never shows itself in the cradle. Uterine diseases are strangers, as are those imaginary aches and pains, the narration of which so often annoy the physician.

They are more easily influenced by most medicines, and if remedies are rightly applied, we may hope to see changes made for the better, sooner than in the adult.

My design in writing this article is to awaken in the minds of young physicians a love for this branch of our science, and not allow it to become the opprobrium of young physicians. It is a subject worthy of our attention and deep study, and the deeper we dive into it the easier it becomes, and the less gigantic its form assumes.

ART. V.—*Ligature of the Femoral Artery.* BY B. F. DUVALL, M. D., Forks of Elkhorn, Franklin County, Kentucky.

I desire to report the following case of successful ligation of the right femoral artery, just under Poupart's ligament, so as to place it among the statistics of the ligature of this artery.

H. Smith, private Co. F, 21st Va. regiment rebel infantry, received, in the battle of the 19th of October, 1864, near Middleton, Va., a wound through the upper third of both thighs, and root of scrotum, wounding the epididymis of both testicles.

He came under my care October 21st, two days after being wounded, and was suffering comparatively but little pain from his injuries. The scrotum was much ecchymosed and swollen. The wounds in the thighs were but slightly inflamed, and there was but little tumefaction of the limbs. On the third day from the date of the injury, the wounds commenced suppurating healthily, with no indications of hemorrhage. The wound in the scrotum did not suppurate at all, healing by the first intention; the swelling and ecchymosis disappeared in ten days. Up to November 12th he continued to improve, the wound in the left thigh having almost entirely healed, as did the one in the right, excepting the point of exit on the internal side. In attempting to move him upon a litter for the purpose of transferring him to another hospital, profuse hemorrhage took place from the internal wound of the right thigh. On being called to the patient, I caused the artery to be compressed against the pubic bone by the thumb of an intelligent nurse, which controlled the hemorrhage perfectly. A longitudinal incision was made down to the bleeding vessel, following the track of the wound as a guide, which proved to be a a double femoral, the bifurcation taking place just under Poupart's ligament, the divisions running parallel for three or four inches before uniting. The arteria profunda was given off from the internal bifurcating branch, which was cut just above the profunda, so close to its margin as to preclude the idea of ligating the wounded branch. When the compression was removed, the blood flowed freely from both the distal and the cardiac ends of the wounded vessel. We then secured the main artery by ligature close under Poupart's ligament. The wound was closed in the usual way, and a fold of linen wet with cold water applied

to it. He was then removed to the hospital, where he was comfortably put to bed.

My apprehensions for the success of this case were great; I knew that the main supply of blood to the limb was cut off, and the latter would have to depend upon the ischiatic artery for its support, which, in his prostrated condition from the loss of blood, would not, I feared, be adequate to perform this duty.

This operation took place sixteen days after the injury, and for several days thereafter there was some tumefaction of the parts, running in the direction of the absorbents and bloodvessels; but this soon began to subside, and in twelve days the ligature came away, the wound was suppurating healthily, and in ten days more the limb was almost of normal size.

I watched this case closely, and discovered but little diminution of temperature, not enough at least to require the addition of artificial heat. He continued to improve for six weeks, when he was sent North to prison, cured.

The treatment consisted of the simplest dressings. The constitution bore up well under the loss of blood, assisted by nutritious diet and stimulants.

ART. VI.—*Two cases of Cutaneous Discoloration caused by Oxide of Silver.* By D. H. McDONALD, M. D., Quincy, Ind.

From the statement made in the U. S. Dispensatory I was led some years ago to prescribe oxide of silver, and was so unfortunate as to discolor two of my patients with it. In reading the last edition I find that doubts are still entertained of its power to produce discoloration. For this reason I lay before the readers of your Journal the two following cases:

CASE 1. A. Johnson, æt 26, farmer, has been subject to epilepsy for several years. I prescribed the oxide of silver in one grain pills, to be taken one before each meal. He continued the use of the remedy until he had taken fifty grains, when, to my surprise, I discovered a notable discoloration of the surface. The drug was immediately abandoned. It had no appreciable effect as a curative agent.

CASE 2. N. J. Woldridge, æt 21, farmer's wife. Found her laboring under pyrosis, uterine leucorrhœa, and epilepsy. Or-

dered the same prescription as in case first. The pyrosis was promptly relieved, the leucorrhœal discharge rapidly disappeared, but the epileptic symptoms remained unchanged, recurring every second or third day. She had taken thirty grains of the oxide, when, to my intense mortification, cutaneous discoloration was manifest.

The discoloration grew deeper, day by day, until within a fortnight it was as intense as I ever witnessed.

Some three or four months after, the lady died of pernicious fever. Case 1, is yet a living witness of the power of the oxide to discolor the human cuticle. The discoloration in this case is not so deep, by probably a half, as is usually seen from the nitrate.

I prescribed the oxide in a case ef epilepsy prior to these, in which the patient took two grain pills thrice a day, until sixty grains were taken; and more recently, in a fourth case, until one hundred and twenty grains were taken, without any effect whatever.

ART. VII.—*Bronchocele Successfully Treated with Strychnia.* BY CHARLES MANN, M. D., Nicholasville, Ky.

Mrs. Mc. presented herself for treatment on the 24th of April, 1866. Says: She is troubled with great difficulty in breathing while asleep, caused by a swelling of the neck. Frequently in the night, jumps up in bed, feeling as if she would "suffocate." She is about thirty years old; mother of six children; nursing a babe six months old. Says this swelling began four years ago, but never troubled her much until within the last year. Both lobes of the thyroid gland are enlarged; the right is the larger. It is about the size of a turkey's egg. She has slight palpitation; a dry, husky cough; frequent pains in the chest, with soreness of the muscles on side of neck; sometimes buzzing in the ears; occasionally slightly hysterical. She has a pallid, anxious countenance, with considerable proptosis of both eyes. Menstruates regularly, although she is nursing. Bowels habitually constipated. Has been treated for one year by different physicians, but receives no benefit, and is now worse than ever before.

℞. Syr. iodid iron thrice daily, with ext. belladonna and iodine ointment applied freely to tumors.

May 1st.—No better; continue treatment.

May 13th.—But little change since last visit.

May 28th.—No better. ℞. Strychnia, gr. j; hydrochloric acid, ʒi; water ʒ vij. M. S., 10 drops thrice daily; gradually increase to 30.

June 16.—Much improved. Tumor decreasing; sleeps better; menstruation ceased; bowels move once a day; stools healthy; eyes not so prominent; complexion better. Continue treatment.

June 29th.—Still improving. Very slight enlargement remaining.

July 29th.—Feels as well as ever she did. Has gained flesh. Gland natural in appearance. Discontinue treatment. She has remained in good health, and no return of goitre up to this date.

Dr. Murney has published in the *Dublin Hospital Gazette*, for 1860 (which is republished in the 42d number of Braithwaite), three cases of bronchocele, successfully treated by strychnia, which treatment he considers unique. So, if Dr. M. will read the medical journals of America, he may find another similar case to add to his list. I think Dr. M. takes a very rational view of this disease, when he says: "Hence I deduce that the most of our cases of bronchocele are the result of impaired innervation or a perverted action of the nervous functions," etc.

SELECTIONS.

We republish, from the London *Lancet*, December 8th, the charge of the Lord Chief Justice, in the celebrated libel trial of Hunter *v.* Sharpe.

The Lord Chief Justice then addressed the jury upon the case as follows:—Gentlemen, this is an important case, no doubt. It is important to the plaintiff; for on your verdict must mainly depend his professional position, and, what is more, his personal character as a member of society. For if a man is an imposter and a scoundrel his personal as well as his professional character must be irretrievably ruined. It is also of great importance to the defendant that if he has done what he might honestly do, and no more, the character of the plaintiff should not be rehabilitated at his expense. The case, again, is more or less important with reference to the system of advertisement pursued by the plaintiff, and the conduct of a public writer and his responsibility in writing upon public matters. And it is important, likewise, incidentally in this view, that you may have to consider how far the character of an honorable profession may be damaged by recourse to such a system of advertising as you may perhaps see reason to consider improper and unprofessional. There can be no doubt that the article —unless it can be justified or excused—is libelous. But it is in the pleas put upon the record we find the true nature of the contest between

the parties. The defendant takes two grounds of defense: in the first place, he says that what he has published is true, and therefore justifiable; and he says, secondly, and this is well worthy of consideration, that even if he should fail in making out to the necessary extent the plea of justification, on the ground of the truth of the charges made, still that, looking at all the circumstances, the inferences he has drawn were such as a man might, when writing on such a subject with reasonable temper and moderation, have drawn, and that therefore, as the matter was one of public interest, concerning as it did the public health, the publication of the article was excused. Now, we will deal with each of these grounds of defense distinctly, and in their order. First, as to the question whether the defendant has established his plea of justification; in other words, whether the charges made in this article were substantially true. Here we must consider, in the first place, what is the real nature of the charge. The substance of the charge against the plaintiff seems to be this:—That he, dealing with one of the most fatal diseases known to mankind, with the intention of obtaining profit and emolument for himself, began by exciting unduly and wantonly the fears of those to whom his publications were addressed, and that he held out to them delusive hopes of recovery from the adoption of a particular remedy, with the view of inducing them to have recourse to it under his auspices, and thus put money into his own pocket. If this charge be true, one can scarcely conceive any thing worse. If it be true that the plaintiff has willfully put forward these false pretenses in order to delude patients and thus to make them, if not in person at all events in purse, his victims, then, strong as the language of the article undoubtedly is, it is not one whit too strong, for the man who could so act is an "impostor," and an impostor of the worst and very vilest character, and to designate him as a scoundrel and impostor, strong as the language undoubtedly is, can not be considered as at all an extreme way of describing such conduct. But, on the other hand, it is obvious that the more serious such conduct would be the more grievous would be the libel, if it should turn out to be unjustifiable and inexcusable. Now, let us see whether it is or not. Before doing so, however, it is necessary, in consequence of what has taken place, to call attention to other parts of the article which, it is insisted, give to the passages declared on the sense of reiterating the criminal charge. The passages forming the context of those declared upon were the following:—

"There is no need of the revelations of a police-court to show that the inhaling process means a process for working upon the fears of the

ignorant, and for obtaining enormous fees. Men like these advertisers know well that there is one class of society which is specially open to their allurements, and at the same time supplies abundant dupes in such circumstances as to make them quite worth the expense of entrapping. Ladies and gentlemen, and the more wealthy and comfortable class of tradesmen, have, as a rule, their regular family doctors. They dislike doctors' bills as much as any other bills, and it is sometimes hard enough to pay them. But still, until we go further down in the social scale, every man has his own doctor. Then comes an immensely numerous class, whose real education is not much above that of the actual poor, and whose experience of life is confined to a narrow range. These are the men and women who are the destined victims of the advertising doctors. They read about mucous membranes, carbonaceous blood, and tubercular deposits, and are impressed with the genius of the gentleman who can thus easily make them familiar with the profoundest secrets of science. If they have any thing really the matter with them, their disagreeable sensations are at once intensified; if they have nothing more than a cold in the head or a tightness in the chest, produced by over-indulgence at supper, Dr. Hunter's catalogue of terrific symptoms suggests a mysterious signification to their pains. And when at last the advertisement recommends them to 'put their worldly affairs in order, and withdraw their minds from all earthly ties,' for they have only 'a few short months of life' before them—i. e., unless they consult Dr. Hunter, what else remains but to go the next morning to see the pious, learned, and benevolent physician, residing in that highly respectable part of London, Upper Seymour-street, Portman-square? For he is a real physician, they see, being entitled to call himself M.D., not knowing in their simplicity how degrees are, or were, sold, or rather given away, in Scotland, and how agents still advertise in London that they can get anybody any sort of degree in Germany. Once in the toils of the physician's 'consulting room' the rest is clear. A man must be a sorry practitioner, indeed, if he can not work upon the terrors of a foolish woman, especially if she is really ill, and so keep up the game of questioning, and examining, and physicking, until the poor victim's purse will bleed no more. Howsoever considered, the Merrick-Hunter story is a fresh illustration of the utterly unsatisfactory state of the law in the matter of these abominable advertisements. The sufferance of these lures for the unwary is a thing that ought not to be longer endured. It is obviously most dangerous for persons who know nothing of medicine or physiology to habituate themselves to the study of medical books even

of the purely professional kind. As it is, a knowledge of the human frame, of the laws of health, and the symptoms of common disease is no part of a gentleman's or a lady's education. The ignorance of well-educated men and women in matters which it is of the utmost practical moment that they should understand is often amazing. Consequently, they frighten themselves out of their senses when chance puts in their way such publications, for instance, as Dr. Forbes Winslow's book on mental diseases. Symptoms which prove nothing but the existence of over-fatigue of the nervous system, and which call only for less work, more air, and quiet amusement, and, perhaps, an extra glass or two of good wine, are mistaken for indications of actual brain disease, and thus tend to produce the effect which has been mistaken for their cause. If such is the case with cultivated minds and recognized medical treatises, what must be the effect of these advertised abominations on the ignorant, the silly, and the vulgar?" Now, it is said, that taking the whole of the article together the passages declared upon by their reference to the "police court," convey the imputation against the plaintiff that he was guilty of the charge made by Mrs. Merrick, or that he was guilty of malpractice in his profession. Now, undoubtedly, if the passages declared on are calculated to convey those imputations, the plaintiff is entitled to a verdict as far as regards those parts of the libel, for no evidence has been given against him either upon the charge of Mrs. Merrick or upon the charge of malpractice. If, therefore, you think that the libel conveys those imputations, the plaintiff is entitled to a verdict. But if, taking the whole of it, you think that there was merely a reference to the case at the police court with the view of making, not the charge itself, but the fact that it was preferred the occasion of introducing comments on the course of advertising pursued by the plaintiff, then it would be otherwise. The main question, at all events, does not turn on this matter. It may enable the plaintiff to get a verdict; but I can hardly suppose that if these two passages had stood alone this action would have been brought. The main question is this—Is Dr. Hunter's system one which he has propounded to the public as an honest medical writer or practitioner, for the purpose of enlightening the profession or benefiting the public? Or is it a system of quackery, delusion, and dishonesty, put forward—no matter at what cost to the victims of his delusion—for the purpose of putting money into his own pocket? Now, upon this question very much must necessarily depend upon the character of the plaintiff's books, and let me see in what shape I can best put before you its substance and its spirit, so as to do justice to the system it propounds. The plaintiff

comes forward professing to understand what others have not yet understood—the true nature of consumption; and professing also to have discovered what the medical profession had, he says, abandoned—the hope of curing a disease which they regarded as incurable; professing to have discovered a means whereby in its incipient stage it may be at once arrested, and in its more advanced stage mitigated and subdued. And by way of introducing his treatment, and showing that it must be efficacious, he enters into what he considers the causes of consumption. He says that, although it has been the fashion to teach that consumption is the consequence of hereditary taint, such is an utter fallacy, and the true and only cause of it is imperfect respiration, arising from the accumulation of carbonaceous matter in the blood, and thence in the lungs. In a word, that tubercle is carbon, and carbon substantially the cause of tubercle. Thus he arrives at the conclusion that there must, be an artificial inhalation of oxygen to disperse the carbon. The medical profession, he represents, know nothing of all this, and treat phthisis by remedies administered through the stomach; and that this is an entire delusion, that the remedies so given have really no effect, but that if oxygen is inhaled into the lungs by means of an inhaling process, the carbonaceous matter is got rid of and dispersed. Now, if all this were true, there could hardly be a greater discovery. But we are told upon high scientific authority that all this is purely delusive; that it is not true that imperfect respiration is the cause of consumption, and that this, which is the foundation of his whole system, entirely fails; that he is deluding people when he says that imperfect respiration alone is the cause of consumption, and that there must be an hereditary taint, or some constitutional cause of that scrofulous habit in the body in which consumption has its source. They say, moreover, that he is deluding himself, or the public, when he says that tubercle is carbon; and that even if it were so, the manner in which he proposes to get rid of it is equally delusive, so that his whole system is an entire delusion. But it does not stop there. They say that even assuming that the plaintiff was right in his idea that the disease is carbon and the cure oxygen, when he comes to the practical application of his system it is as fallacious as its theory; that when he speaks of inhaling oxygen—as the act of artificial inhalation is one which can only be carried on for a limited period, it can have but a very limited effect; that, if you consider the quantity of air, and therefore of oxygen, inhaled at every breath we draw, the quantity is so large that even assuming the respiratory organs in some degree to be obstructed there would still be a very large excess beyond what is absolutely necessary; and that in

comparison with this the quantity which could be artificially introduced by any process of inhalation would be so infinitesimally small that it could have no sensible or practical effect. And, according to the evidence of Dr. Odling (who dealt with the chemistry of the case), the amount of oxygen which would be taken in by inhalation would not be one per cent. of what a person would draw in by natural breathing. Therefore, they say that it is a delusion to suppose that the process would be of any practical use; and further, it is said that, even assuming that if the plaintiff could get the oxygen into the lungs in this way it would be of any use, he can not get it there; that he acknowledges that he does not give the oxygen pure as a gas, but in combination with other matters, and that this combination must be broken before the gas can be evolved so as to pass into the system; that oxygen acts only as a gas, and that, until it is separated from other substances with which it is combined, it can not enter into the lungs, so as to effect its object. He proposes to use chloric acid. Either it is used alone or in combination with other substances. If alone, then it must be heated so as to give forth oxygen, and then it will be combined with chlorine, which is a powerful irritant to the lungs; or, if the acid is diluted, then the quantity of oxygen evolved will be so minute as to be useless. And if the acid is used (as the plaintiff says it is) with other substances, especially in the form of tinctures, which contain alcohol (for which oxygen has an affinity) then the oxygen will be absorbed. So that even if the plaintiff's theory were as sound as it is said to be fallacioius his practical application of it would be entirely delusive. Such is the evidence given by some of the most eminent medical men of the day, and by one of the most acute and intelligent professors of chemistry it has ever been my good fortune to listen to. And probably after hearing that evidence you would consider the success of Dr. Hunter's system, to say the least, exceedingly problematical. And if, indeed, in that system is the only hope for that large proportion of mankind who, according to him, are under the ban of this terrible disease, probably you would consider that hope to be faint indeed. (A laugh.) But it does not follow that because his theory is unfounded that therefore the article is justified. Undoubtedly, when a man puts forward such views he challenges criticism; and any one who differs from him, and deems his system delusive, ought to denounce it with unsparing severity; but he has not a right to impute motives unless there is something to justify or excuse that part of the imputation. And in order to ascertain how far the defendant is justified in impugning the plaintiff's motives in this matter, it is necessary to look more closely into the character of his

work. It is said that not only is his whole system delusive, but that he has put it forward fraudulently, and by frauduleut means and artifices. It is said that he begins with great dexterity by playing upon the fears of those to whom he is addressing himself, dwelling upon the terrible and fatal character of consumption, and that this is done to work upon the fears of his readers. I am not sure that this is necessarily the fair way of putting it—it may have been done with that object, but I can understand that a person deeply impressed with the importance of the subject, and writing a work upon it, might at the outset, with a view of interesting and impressing his readers, dwell upon the fatal character of the disease. But then it is said that he goes on to excite the fears of his readers, with a view to drive them to become his patients. He tells them that every cold, if it becomes chronic, is capable of causing consumption, which will be fatal. Now, as most of us catch colds every winter, this is somewhat startling. And evidence is given with a view to show that all this is not only untrue, but so untrue that no medical man could really have believed it. It is said that the evident object is to induce every nervous, timid person, who may find himself laboring under any of these affections, to imagine that from such trifling ailments may arise such a dire disease, the end of which may be fatal. This is so grossly erroneous that no medical man could have believed it, so that the only object must have been to frighten people and work upon their fears, so as to lead them to suppose that they have no safety but in a particular remedy, to be sought for in no hands but his. And if you come to that conclusion, then it goes a long way to show you, not only that the plaintiff's whole system of treatment is delusive, but that in putting it forth he had the sinister design of exciting, first, exaggerated fears, and then exaggerated hopes, with the view of putting money in his pocket. And if so, then it will be for you to say whether the article which describes him as a scoundrel and an impostor is at all too strong. And there are some passages in the book to which I must really draw attention, with the view of judging as to the honesty or dishonesty of its publication. I find it in such passages as these: "Catarrh is the first step toward consumption. Chronic catarrh of the nose, if not arrested, will assuredly go on to the destruction of the bones of the nose, and may end fatally." Rather an alarming prospect for any one who has a cold in his nose. (A laugh!) Then, as to sore throat, if dealt with under the ordinary system, we are told that "it proceeds slowly, but surely, toward the lungs, and the unfortunate patient soon learns how short is the step from sore throat to confirmed consumption." That may have been

honestly written, but it is certainly calculated to excite an alarm to be told that if any one has a sore throat, and it is dealt with by his ordinary medical attendant, it will terminate fatally!

[*Conclusion in next number.*]

Practical Observations on Diphtheria. By W. Newman, M. D., Lond.

The growing tendency of medicine in the present day would seem to be the recognition of general constitutional disturbance as the cause and factor of definite local changes, in place of the older creed, which treated with little of doubt or cavil, as special entities, local conditions, yet owning a common origin. Hence the acknowledgment of diseases as due to alterations in the circulating fluid itself; and as one in the now long catalogue of blood disorders I would wish to consider and to write of Diphtheria, a disease manifesting local distinctive characters, yet general from its earliest commencement.

The analogies of the affection might lead to the impression (by some authors indeed advanced) that it was an exanthem: yet though with scarlet fever, for example, certain similarities may be traced, there are many more points of well marked divergence, notably in some such directions as: That an attack of scarlatina confers on the patient no immunity from subsequent diphtheritic seizure and vice versa, no particular skin rash of definite onset and duration is noted in diphtheria, though a roseolous efflorescence may occur for some few hours, not followed by desquamation. The throat and fauces are implicated in both diseases, yet the ulceration and tissue destruction of the scarlatinous affection have little in common with the exudation of lymph characteristic of the other disease. Again, too, the one has sequelæ, indicative of intense nervous implication, while the former induces, by a somewhat less evident link, mischief either about the chest or the kidney.

I believe it more accurate and more wise to look on diphtheria as a disease in which some morbid material is received into the blood—the system as a whole sympathizing subsequently more or less severely, and the further progress being marked by the exudation of lymph about the mucous membrane lining the throat, pharynx and upper part of the air passages, while the general skin, especially if denuded of its epidermal layer, may show the same state. Yet to speak of the affection as if this local state were the constant or necessary attendant, or as if from the physical changes about the throat the constitutional disturbance were afteward evolved, I hold to be incorrect in observation and untrue in theory; for the sufferers, too, a belief fraught with possible

serious mischief if it, by logical deduction, lead the practitioner to deal with the tangible mischief, instead of addressing himself to the whole systematic depression.

I can not substantiate by aid of statistical tables the impressions which I have derived from a fairly large experience of the disease in question; the statements put forward as to its characters and treatment must be accepted as personal deductions, and claim only that weight which may reasonably be asked for the honest declarations of a single observer.

Isolated cases of the disease are not unfrequently met with—more commonly an epidemic seems to sweep through a village or district; any single case, however slight in its symptoms, may prove a focus for spreading the affection. Whether the resulting attack be severe or trivial, seems to depend more on the exact health standard and general vigor of the recipient, rather than on the conditions of the primary source.

In this point of view, experience teaches that children suffer most, and the younger the patient the less chance of recovery. Direct contact with an invalid is not necessary to the inducing diphtheritic mischief, but the breathing a tainted atmosphere, or close dealing with the secretions poured out from the affected surfaces, may readily determine its transmission.

I believe that the poison may be handed on to others by the wearing clothes on which expectorated matters have remained, and that this, from poverty and carelessness, is by no means uncommon with the poorer classes.

Defective hygienic conditions do not seem to develop these disorders, yet I have no question but that they intensify their virulence, and, most probably, by the indirect mode of diminishing the normal vigor of the residents; thus, in one block of cottages isolated, sadly deficient in space, air, and water supply, and abominably dirty, nearly two thirds of the cases attacked died—a far larger proportion than that furnished by the rest of the district; and in those, too, who lived through the active stage the sequelæ were well marked, and recovery very tedious.

As a rule, the period of incubation seems to be short, most so when the exposure to the toxic influences has been very complete. In no case that I have been able to watch has the time appeared to exceed seven or eight days; most frequently it has been two or three only.

Systematic writers have with reason marked out different forms and stages of this disease; but however well such divisions may answer the

purpose of pointing a moral to a class of students, or of defining sharply the indications for one or other special plan of treatment, there is yet the same substratum, the essential part of the disease is alike throughout, varied as its after appearances may be from local changes or constitutional peculiarities.

Adopting the most usual classification of diptheritic affections, I would refer to them as simple or malignant, grouping the laryngeal form under the first named, and the nasal complication under the last division.

Simple Diphtheria.—The early symptoms are most frequently severe; burning skin, pain in the limbs, and malaise, usher in the attack, with usually but a brief prelude of shivering. Not unfrequently the sudden invasion of illness has led me to expect the after development of diphtheric exudation, an impression verified by the result.

A common local occurrence is that of œdematous infiltration of the mucous membrane of the uvula and tonsils; the uvula becomes thickened, glistening, and lies helpless on the tongue; swallowing is thus difficult, and the voice is altered from its natural tone. Or again, there may be no special œdema of the lining membrane, and then exudation of lpmph is more speedily noted, and there is more complaint of soreness about the throat generally.

In either case the uvula, palate, or fauces, soon exhibit one or more spots of lymph deposit, which may remain distinct deposits, or are covered with a whitish film of more uniform thickness. The surrounding mucous membrane is intensely injected, and when a few hours have gone by, the punctated spots will be seen to have become larger and to have coalesced, or the general filmy coating will have increased in thickness and extent.

Many of the simple cases hardly exhibit so much of local change. The effused lymph soon clears away, and the throat resumes a fairly natural appearance. Yet much more actual debility will be found to result than the precursory symptoms would have seemed likely to warrant, and this perhaps also will be followed by conditions of disturbed innervation.

More serious cases, still simple in character, are to be noted. The exudation tends to increase in extent and cohesiveness, so forming a complete pellicle, which may often be stripped off with forceps, then leaving bare the mucous membrane, either raw and bleeding, or but little altered from its ordinary state. The pellicle is in such cases usually distinctly fibrinous to microscopic examination, while in a different state of system, or more serious form of the disease, it is found

to be more friable, less adherent, and corpuscular in its intimate structure.

The duration of this form of the disease is from a week to ten days in the milder forms; from fourteen days to three weeks where there is more local mischief.

There are, too, cases seen in practice, where diphtheric poison seems to seize on a patient without producing local manifestation, or at the utmost, the throat may be somewhat sore, and the fauces be found to exhibit a trace of redness, without lymph deposit. Subsequent marks of depressed health and nervous disturbance are to be met with.

Such instances seem to happen in the same house with, or in the vicinity of, already existing cases; and, probably, like the masked form of scarlatina, owe their being to a partial implanting of the poison in an uncongenial soil, the constitution sympathizing more or less, although the customary local changes do not appear.

Nor can such instances be treated as of light moment. In 1860, I was asked to see a lad about fifteen years of age, who was living with and working for a baker. He had been in contact with some diphtheric cases, and was weak and prostrate, but there was no pellicle about the throat, nor any thing more than a general redness of the fauces. The depression and rapid pulse were the only symptoms of serious moment.

The master wished me to sanction his immediate removal home, a distance of fourteen miles; but this I declined to do, and spoke plainly of the risk the lad would run. The next day, however, the fifth day of his illness, the father took him home in a covered cart. The patient was very much exhausted at the end of the journey, and died very soon afterward, no change in symptoms having occurred.

On these comparatively simple cases it would seem as a rule that the laryngeal complication supervenes—usually, too, but a few days from the first declaration of illness. So that, in any given case, if the patient have been suffering for eight or ten days, the probability of the downward extension of the exudation of the air passages is very much lessened.

Where this complication does occur, the earliest symptom seems to be a little, husky, dry cough, with alteration in the voice; no special renewal of febrile disturbance; then follows whistling inspiration, with metallic, croupy cough, and the ordinary sequence of symptoms which point unmistakably to narrowing the channel of the air passages. In by far the great majority of these cases, death closes the scene in a comparatively short time.

Malignant Diphtheria sometimes commences thus:—A child is noticed to be more still than usual, to have some pallor of the face, loss of appetite, and restlessness.

Close inquiry elicits no history of sore throat, but the tonsils have fragments of deposit upon them, and the submaxillary glands are slightly swollen; very soon the pulse becomes excessively rapid, the local conditions of the throat suddenly change for the worse, and the child sinks into a hopeless state of exhaustion.

Again the malignant form may supervene on symptoms which have been for several days of the ordinary simple kind; or, lastly, it may be well marked from the very first, and manifest very serious conditions without any premonitory illness.

The duration of inflammatory or feverish symptoms is very short. The local exudation is produced with great rapidity, less firm, less closely attached to the subjacent textures than in the simple form, and under the microscope presents corpuscular appearances. Local, and even severe, hæmorrhages may occur, staining the coriaceous material deposited on the mucous membrane of the fauces, and adding materially to the weakness and discomfort of the patient. Not unfrequently ulceration of the exposed mucous membrane may be noted, and the destructive process, so commencing, may run on into actual sloughing of the deeper tissues. Hence much of the fœtor which attends on the later stages, and also certain stages of the general system, which are probably due to absorption of the putrilage from the decomposing surface. When these are noticed, analagous somewhat in their characters to surgical pyæmia, there is practically no hope left for the sufferer.

Published opinions vary much on the value which should be attributed to the coincident appearance of engagement and infiltration of the glands below the jaw. I confess that I have been led to look on early and marked swelling of these structures as a symptom of impending malignancy of type; and in this view I have rarely been deceived. A certain amount of enlargement may in the most simple cases be met with, and is in them of little practical moment; but when the glands become considerably swollen, and with great rapidity, I think the prognosis should, from this fact alone, be a very guarded one.

The supervention of laryngeal implication on this sceptic form of diphtheria is, I believe, very rare; the breathing may be oppressed, and more or less cough and dyspnœa be present, but the fatal termination is due to asthenia, not to apnœa.

On the other hand, the invasion of the nasal mucous membrane should be looked on as a variety of the malignant type.

The first warning of the extension is the appearance of mucous discharge from the nostrils, which reddens and excoriates the nasal orifices and the upper lip; then swelling, and the characteristic exudation, followed very speedily by oozing of blood from the much injected mucous membrane. Remedial agencies have appeared of very little service, probably in part from the extreme difficulty of dealing with the affected surfaces. The great majority of such cases that I have seen have terminated fatally, two of them by profuse and frequently recurring loss of blood.

The foregoing pages take little cognizance of any thing other than the tangible characters of diphtheric affections, yet one symptom, on which much stress has at times been laid, demands a passing remark. I refer to the occurrence of albuminous urine. Some nine years ago, in a number of consecutive cases, I examined the urine day by day; in the majority there was evidence of the presence of albumen, but I was not able then or since to link its appearance with any special tendencies or peculiar virulence of the attack. In several of the worst cases it was not to be found, while in some less severe the urine contained albumen continuously and for some time. I have rather looked upon its existence as a comparative accident, often but of short duration, and not of material import; owing its being, too, far more to the vitiated condition of the blood than to any implication of the structure of the kidney.

The natural history of the class of diphtheric affections does not end with the outbreak and its subsidence, for certain well marked sequelæ are commonly met with. After an interval of apparent progress to convalescence, these consequences usually declare themselves and are to be referred to disordered innervation—varying from defective controlling power over some one or more sets of muscles, to a more or less completely defined paralysis. Nerves of motion and sensation appear almost equally susceptible of the benumbing influence of the poison of diphtheria, though the former have seemed sometimes most affected.

The whole spinal system may be implicated, and the extremities lose for a time much of their power, or the condition may be that of almost complete paraplegia, the arms remaining unaffected.

Special nerves suffer—notably those nearest to the original seat of the local manifestations—thus, very commonly, the voice becomes husky, swallowing is not accomplished without difficulty, and fluids are apt to return through the nose. The velum palati hangs loose and flaccid, has lost much of its sensibility, and fulfills none of its purposes as a muscular curtain. So, too, I have twice seen the portio dura affected,

and in one case the external rectus of the eyeball was paralyzed. Vision may be defective, the eyes easily wearied, and objects after a short time are blurred and indistinct—a state of things due to defective innervation, relieved by the use of convex glasses, and ultimately disappearing as physical health is restored.

Another fairly well marked class of cases must be referred to loss of power about the "vagus," as evidenced by slowness and feebleness of heart beat, slow and infrequent respiration, and failure of digestive power.

Recovery is often tedious, yet has commonly happened. Those cases where the spinal cord is involved are of most grave future.

[*Conclusion in next number.*]

Boils and Carbuncles. By Tilbury Fox, M. D., London, Physician to St. John's Hospital for Skin Diseases.

The points involved in Mr. Startin's letter are of so much pathological interest, that I hope I may be allowed space for a few comments. Mr. Startin's therapeutical experience is entitled to the profoundest respect; but the explanation which he has given of the cause of boils and carbuncles is scarcely that which *modern* pathological observations would seem to indicate. Unfortunately empiricism of the rankest and most tyrannical kind has held its sway for many a long day over cutaneous medicine; and no one (since Carswell's day) specially conversant with the facts of general pathology has thought it worth while to study the subject; yet, unquestionably, the philosophical study of skin diseases is pregnant with results of great general significance, and the case of carbuncle is fully illustrative of this fact.

Mr. Startin views boils and carbuncles as having "frequently or constantly a parasitic origin;" and he bases his belief upon the facts (1): that they are sometimes contagious; and (2), the success and efficiency of the practice in the cure of these ailments, rather than on microscopic verification: in other words, on the occurrence of *occasional contagion*, and the *beneficial action of acid nitrate of mercury*. One word will suffice in reference to the second argument. Acid nitrate of mercury, in virtue of its *caustic* properties, removes a host of ills, lupus, acne, warts, cancerous masses, and other diseased structures the most dissimilar. Are they then parasitic? Mr. Startin's chief ground for his belief in the parasitic nature of boils and carbuncles is the occurrence of contagion. This, however, is only occasional; and considering the absence of all relative proportion between the amount and kind of the local

diseased action and that observed in parasitic maladies; the absence of parasitic growths in the vast majority of cases; the fact that fungi will but very scantily develope in purulent fluids; the absence of any aperture by which the fungus germs could enter from without into the cellular tissue; the non-access of air, and the want of relation between the amount of tissue change and that of the fungus when present—the unlikeliness of its parasitic nature is evident. And, if we seek among the parasitic diseases of animals, of human beings, or of plants, we shall not findany analogical grounds (nay, just the contrary) upon which to rest such a belief. Again, the constitutional conditions anteceding, accompanying and following the local changes, in relative proportion to the extent and character of the latter, are not seen in any parasitic disease. The occasional presence of vegetable parasites is common to all diseases. Parasites are essentially ubiquitous, and they may be found in almost all skin diseases; it is only when they *luxuriate*, that they give rise to *special* mischief. It is, unfortunately, fashionable to ascribe too many diseases to the influence of parasites.

How, then, explain the contagion of boils? for they seem to be occasionally contagious. What mean we by contagion? The labors of all pathologists seem to show that it is essentially connected with the growth of living particles of matter, detached from living bodies and carried to others, of course, under favoring circumstances. Occurrences of the kind are universal in the vegetable kingdom, and there seems no reason why animal cells should not be transplanted and grow as well when isolated as in masses; and they do so. The cells in the secretion from a leprous sore, from Egyptian ophthalmia or the mucous surface of a rinderpest cow, cancer cells, the pus cells of syphilis and of small-pox, and, from recent observation it seems likely, tuberculous cell matter, all possess this faculty; and, to take another example, in the case of molluscum, the cells found in the little "varioliform" tumors are the means by which, being transplanted from person to person, the occasional contagion of molluscum is to be explained. One feature that is necessary in all these cases is the presence of free proliferation on the part of the cell growth, and an adapted state of nutritive fluid (blood). In the active and early stage of boils, the cells of the enlargement may, no doubt, be removed from one body to another, and, growing under favorable circumstances, reproduce the original disease? Why not? What law would this contradict? Dr. Laycock's cases of contagious furunculoid are explicable upon the same ground.

Contagion is scarcely a distinctive feature of any one disease: the

degree of contagion no doubt is. If it were possible to transplant an alphos scale, and it were to grow and produce alphos on a second subject, there would be no great mystery in it; it would harmonize (though an unusal occurrence) with true pathological facts, and be contagion in one sense of the word. There is nothing improbable, but probable, to say the least, in the supposition that the cell-growth in a boil may be the means by which the disease is rendered "contagious." In carbuncle, there is a good deal of superadded inflammation, and a tendency to gangrenous change, which, implying a tendency to the death of the cell tissues, is accompanied by a very much less likelihood of contagion.

But what is the pathology of boils and carbuncles? We may assume that in kind it is the same; the difference between the two diseases is dependent upon (1) variations in the vigor of the constitution, (2) the state of the nutritive fluid (the blood), and (3) the activity of the local tissues. In the central part of boils and carbuncles are one or more pieces of dead tissue, sloughs, or cores. How is the tissue killed?—by arrest of the circulation, or failure of nutrition? What has been noted about the blood? Three very important sets of facts: 1, bacteridia oftentimes in great amount; 2, excess of urea in the urine, and uric acid in the blood; 3, diabetes. Bacteridia, however, seems to be developed only secondarily, and to be unable *per se* to produce furuncle. The excess of urea and uric acid can scarcely be said to be the cause of carbuncle and boils; and we come to the third condition, noticed by Cheselden, Prout, Latham, Landouzy, Marchal de Calvi, and others—viz., a tendency to, or actual diabetes. Dr. Wagner has given details of fifty-two cases of gangrenous inflammation, including carbuncles and furuncles, in which a diabetic condition existed; and M. de Calvi has confirmed Wagner's observations. My own observations on this point are small; but I am convinced that, if we would clearly understand the true pathology of carbuncle, we must carefully investigate the matter in connection with the production of sugar in the system. The existence of a diabetic habit explains satisfactorily the fatality of carbuncular disease, and the serious constitutional disturbance. Nothing is more common than for carbuncles to arise in the course of diabetes; and it will be remembered that Cardinal Wiseman suffered for no less than four years before his death with carbuncles. More recently, Dr. Fonseca, of Pernambuco, has investigated the subject; and he tells us that in Pernambuco, anthrax is very common, and that one of its forms is regarded as diagnostic of diabetes. Küchenmeister, Menestrel, and Jordão, of Lisbon, have also given similar evidence.

And at this point Mr. Startin's therapeutical experience comes in to confirm the theory I have briefly sketched. He finds successful treatment in the use of *aperients, animal* diet, *tonics*, and free stimulation without malt liquors. The avoidance of all saccharine and amylaceous matter is an essential point; but I venture to affirm that, of all drugs, opium, judiciously used, is the most important. Clinically, I know that it has cured, and does help to cure, carbuncular inflammation, when other things fail; and therefore, if we add to Mr. Startin's recommendations the use of opium, we shall be in possession of a plan of treatment which is not only empirically dictated by the largest experience, but consonant with the most recent truths which pathology has taught us. The acid nitrate of mercury acts well, of course, as a *caustic*.

There are many other points—the origin of the local mischief especially—that I would like to notice; but I have only attempted to indicate that there is a much truer explanation than the "parasitic" hypothesis as to the cause of carbuncle, involving very wide pathological considerations. Skin diseases have been so long handled from a *surgical*, that it is a novelty indeed for any one to investigate them from a purely *medical* point of view, and to trace connection between them and such a profoundly subtle disease as diabetes; but I again reiterate the remark I have elsewhere made, that "the physician must be possessed of all that general medicine can teach before he can become the successful dermatologist."—*Brit. Medical Journal.*

Spina Bifida.

Dr. Koehler presented a specimen of spina bifida which he removed from a male child, who died twelve hours after birth. The labor of the mother was an irregular one, the child being born by a breech presentation. It was well developed, except in the lower extremities, which were greatly atrophied from the knees downward. The deficiency in the development of the spine was confined to the lumbar region, and involved the nerves of that part. The sac was ruptured at the time of birth, and death was doubtless occasioned by paralysis of the internal tract.

Dr. Post remarked that the specimen was an interesting one, as showing the spinal nerves involved in the sac. The fact was of special importance in reference to one of the plans of treatment proposed for this affection, viz.: exsection of a portion of the sac. In a case like this, exsection would, of course, involve the destruction of these nerves. He supposed that death was occasioned by the extensive opening of the cerebro-spinal canal, and the consequent exhaustion arising from the sudden escape of the cerebro-spinal fluid.—[*Proceedings of N. Y. Pathological Society—N. Y. Med. Journal.*

MISCELLANY.

Public Executions.—Epilepsy. By J. C. REEVE, M. D., Dayton, O.

The connection between public executions and epilepsy is not very close or striking, yet we find the two subjects presented together, with some features of professional interest, in a late publication, and we glean from its pages a few paragraphs for the benefit of our readers. We allude to J. Ross Browne's "American Family in Germany," a sketchy, interesting, and very readable book of travel, by an author who is too well known to need any introduction or commendation from us.

Criminals are executed in Germany by the headsman, that dread figure of the romances of the middle ages. They are seated in a chair to which they are bound, then—we continue the narrative in the words of the author:

"When all was secure, a bandage was tied over his eyes, and a leather strap fastened under his chin, extending upward over his head. The assistant executioner, a man of gigantic strength, stood by to hold up the head by this strap. He stood about two feet from the chair, and held the strap at arm's length. The headsman, a noted executioner from Hanover, aged sixty-eight years, stood by giving directions. As soon as all was ready he stood back, threw off his cloak, and drew a large straight sword, about three feet long, and evidently of very massive steel, and sharp as a razor. He stepped forward, altered the position of his assistant's arm, which was a little too low, then drew the sword within an inch or two of the criminal's neck very slowly and cautiously, as if to get the exact range of the necessary sweep. * * Holding the sword thus a single moment, not more than a foot from the neck, the headsman then, by a sudden hacking cut, severed the vertebræ. He next drew his weapon cautiously through the muscular mass that remained, as a butcher would draw his knife through a piece of flesh. It was done in an instant."

This would not have received any notice from us but from the

singular fact that the author takes occasion to exclaim against the barbarity, and especially to object to it on account of its uncertainty. Lauding his own country at every opportunity, and contrasting it with Germany to the great disadvantage of the latter, he forgets that they yet practice one of the most barbarous and the most uncertain modes of taking the life of criminals. As we read his strictures upon the headsman with his sword we could not, for the life of us, banish from our mind a scene which occurred in one of our neighbor cities not many months ago. A poor criminal was launched from the drop, as he supposed into eternity, yet the rope broke! In a moment he was on the ground, gasping for breath, his neck lacerated, the blood streaming from his mouth and nose, and as soon as the poor fellow could recover breath he prayed, with an imploring look, "Please, gentlemen, don't let that happen any more!!" Could any thing be more barbarous, more outrageous to every sentiment of humanity than such a scene? It ill becomes us to find fault with other countries while pursuing a course liable to occasion such scenes, and one object we have in view is to call attention to the desirability and necessity of throwing our influence as a profession, in favor of a more humane mode of public execution. "*They manage these things better in France.*"

It will be seen by the following that occasionally a member of our profession brings his anatomical knowledge into service for the public benefit:

"I have already mentioned that the office of headsman has been freed by law from all taint of dishonor. The headsman is now regarded as a reputable member of the community, and associates with his fellow-citizens on terms of perfect equality. The late Dr. H., of Frankfort, who was government headsman, was a gentleman of superior education, a skillful surgeon, and much esteemed for his urbanity and kiudness in private life. In former times whoever entered the house of the headsman, or touched his hand, was dishonored and avoided as a leper. One reason for this was that none but criminals guilty of some barbarous offense were appointed to the office. Being for the most part ignorant men, unskilled in anatomy, they very often made a bungling business of their occupation, and created fearful riots

by mutilating the victims whose heads they attempted to cut off. An instance is related of one headsman who made seven strokes of the sword, cutting the face, neck, and shoulders of the condemned man in the most horrible manner before he could succeed in severing the neck. * * * A case is related of Dr. H., showing the estimate in which his skill was held in this respect. A hunchback was condemned to death in one of the other states. The headsman of the district, upon examining the man's neck, which was very short and deeply set between the shoulders, refused to undertake the task of decapitation and pronounced it impossible. Others were sent for from the neighboring states, but they all declined making the attempt, and united in the opinion that it would be impracticable to effect it without cutting away a portion of the shoulder or skin. Dr. H. was sent for. After making a careful examination he said there was no serious difficulty about it. All it required was a curved motion of the sword. He undertook the task, and succeeded at one blow, by a scooping sweep of the sword, in taking off the head. This gentleman's family move in the best society in Frankfort, and are much esteemed."

So much for executions; now for the epilepsy:

"I have now to record what would seem incredible in this nineteenth century, and in a civilized country. Standing near the scaffold, in close proximity to the criminal, within the guard of soldiers, were six or eight men from the mass of the people, said to be afflicted with epilepsy. The moment the head was off these men rushed to the body with tumblers in their hands, caught the blood as it spouted warm from the trunk, and drank it down with frantic eagerness! Their hands, faces, and breasts, were covered with the crimson flood that ebbed from the heaving corpse. One man, too late to catch the blood as it spurted from the neck, took hold of the body by the shoulders, inclined it over in a horizontal position, poured out his tumbler full from the gory trunk, and drank it in a wild frenzy of joy! I say this seems an incredible relic of barbarism in the year 1861; but it is a fact that can be attested by more than three thousand people.

"The drinking of blood warm from the body of a criminal is said to be a sovereign remedy for epilepsy, and many instances are

related of the wonderful cures that have been effected in this way. The superstition is very generally believed, even by persons of intelligence; and, horrible as the remedy may appear, there is seldom an execution without some scene of this kind. I have conversed with intelligent Germans on the subject, who certainly do not share in the superstition, but who still maintain that there may be some reason in it. The nervous shock produced by the whole spectacle, and the drinking of human blood, they say, may change the entire system, and produce a sudden and radical cure."

Incredible as this may seem, and disgusting as it is, we think we can match it without going to Germany. In the State of Ohio, within a year past, we had a patient suffering from epilepsy, for whom was prescribed by an old woman a draught of the menstrual blood of a virgin! The prescription was filled and duly administered by the father of the boy! It did not effect a cure, however, whether because the standard quality prescribed could not be obtained we can not say! J. C. R.

De Rebus Variis.

The following anecdote of the illustrious French surgeon Boyer, we find in a recent work by Guerin (*Maladies des Organes Genitunx Externes de la Femme*), and as we are not aware of its ever having been given in English, we think it worth while to present it to the readers of the CINCINNATI JOURNAL OF MEDICINE.

Boyer removed the testicles from a gentleman who had a young wife. The patient had been for some time well, when he presented himself to Boyer, bringing with him his wife, whose pregnancy was evident, but which was a subject of astonishment to the husband. You can imagine that the unfortunate man experienced all the consequences of the removal of the testicles. His wife, suspecting the commencement of pregnancy, had caused him to simulate an act that had become impossible, and with the resolution and courage which might pass for impudence, but which are often a tribute to our charity, had come with her husband to demand of Boyer how she had become pregnant.

Was it necessary to declare the truth, to enlighten the husband upon his misfortune, and to cast the first stone at the adulteress?

Boyer, doubtless finding extenuating circumstances for a fault which his experience of life had rendered him indulgent toward, did not appear at all astonished, and explained in a plain and clear manner that in removing the testicles he had left a reservoir, the *vesicula seminalis*, of which the contents were sufficient to make one child.

Then, having saved the culpable woman, he wished to prevent her falling a second time. This reservoir once opened, said he, can not be again filled; you have made one child, Monsieur, but you can not make another. You hear, Madame, your husband can never make for *you another child!*

Our Enemies often our Best Friends: a new version.—While in the anecdotal line we can not forbear relating the consequence of our telling a costive friend, not less witty than costive though, the story of Voltaire determining to commit suicide, and the change in this determination caused by a change in the condition of his bowels.

While Voltaire was living at Ferney, a misanthropic Englishman spent the day with him; the disgust at life of each intensified that of the other, so that they parted for the night with the agreement to meet the next morning at ten o'clock and together commit suicide. The Englishman was ready at the appointed time and place; Voltaire, however, did not appear, and upon being sought, exclaimed, "O, I have had a *lavement* this morning which has operated very well, and all the thoughts of last night are gone." Our friend listened to the narrative, and then gravely observed, "It only confirms the truth that our *enemas* are often our *best friends*." We could only simply reply that his observation was worthy of being kept among memorable *ana*.

Bowman's Practical Chemistry. H. C. Lea, Philadelphia. Robert Clarke & Co., Cincinnati. A new edition of this valuable work has just been issued by Mr. Lea. The fact that this little volume has already attained its fifth London and fourth American edition, is abundant evidence of its merit. As a con-

densed working guide for the chemical student and operator, it probably is without an equal.

Diagnosis and Prescription Record. Wm. Wood & Co., New York. It is a lamentable truth that very much of the *experience* of the busy practitioner is lost both to himself and to others, simply because it is not day by day consigned to the faithful keeping of a book, more faithful than the hurried and overtasked memory. This *Record*, which the well-known New York publishers have provided, meets an acknowledged want, and may be made a great advantage to every physician who will use it, beside storing up many facts which otherwise would probably be lost, that can be made of great value to the profession at large.

Report on the Sanitary Relations of the State of Kansas. By C. A. Logan, M. D. This is a pamphlet of some sixty pages, evidently prepared with much care, and quite worthy the well known ability of its author: but as it concerns matters of local more than of general interest, we forbear presenting an analysis of it.

Local Anæsthesia in operating for Vesico-vaginal Fistula. A few weeks since we made use of the spray douche of ether, Richardson's instrument, in operating upon a very large vesico-vaginal fistula that had existed thirteen years. Sensibility was by no means abolished; nevertheless the suffering was very much mitigated; and there was this great advantage from the local application of the ether—*comparatively little hemorrhage*, notwithstanding the great extent of surface which had to be freshened—an extent which may be better appreciated by the statement that it required twelve sutures to bring the denuded edges of the opening in apposition. We were so well pleased with the result in this case, that we shall resort to local anæsthesia in similar operations hereafter.

Quite a Mistake. Dr. Horatio C. Wood, the American editor of the recently published *Abridgement of Pereira's Materia Medica*, in the volume just mentioned, uses the following language in reference to the sulphate of cinchonia, in comparison with the sul-

phate of quinine: "It (the cinchonia) is preferred to the other alkaloid, both as a tonic and anti-periodic, on account of its far greater cheapness." Certainly cheapness is a recommendation; but after living many years in a malarial region our observation makes us believe that Dr. W.'s statement is very far from being correct, and that observation leads us to say that cinchonia is not prescribed as tonic or anti-periodic, more than once to ten times that quinine is.

Blisters in Cholera; their mode of action.

We were interested by a discussion in the Cincinnati Academy of Medicine, a few weeks since, upon the value of cantharidal blisters in the treatment of *cholera in the stage of collapse*, a state in which glandular secretions are suppressed. Dr. Richardson maintained that the value of these agents was due, not to counter-irritation, not to revulsion, not to local depletion, not to general stimulation, but solely to the absorption of the *cantharides*, and a consequent excitement of the suppressed renal secretion. Some members of the Academy not only questioned their utility, but denied all diuretic properties to cantharides.

Our purpose at present is neither positively to affirm, still less to deny, Dr. Richardson's explanation, but merely to show the possibility of its being true, establishing, at least so far as quotation of reputable authorities can establish such a fact in medicine, that cantharides are diuretic; and, still more, that so far as the testimony of at least one reputable observer is concerned, they notably increase the elimination of urea where this has been greatly diminished. The bearing of the last statement will be readily perceived, when we remember that cholera sometimes proves fatal from *uræmia*, and that restoration of the urinary secretion is one of the earliest favorable symptoms in cases where recovery from collapse occurs, a truth which may be better impressed upon the reader's mind by the following from Dr. Goodeve's article on *cholera* in Reynolds' System of Medicine; "We also look anxiously for the passing of urine. We may have to wait ten, twelve, or thirty hours, or even more. At first it comes scantily, high colored, an ounce or two with a strong and peculiar animal smell, deficient in urea perhaps, but not in all

animal principles, generally albuminous, with many transparent casts."

We now proceed to cite some authorities as to the diuretic power of cantharides.

CULLEN, *A Treatise of the Materia Medica*, Edinburgh, uses the following language: "From these observations," referring to his own and those of Dr. Smyth Carmichael, "it may be doubted if cantharides have properly any diuretic power; but the authority of the late eminent and learned WERLHOF cannot be declined. In the *Commercium Literarium Norimbergense*, WERLHOF gives us a remarkable instance of the diuretic power of cantharides, and informs us, that he had frequently experienced the same in dropsy and other diseases; and upon such an authority I can no longer doubt of the power in question."

EBERLE, *A Treatise of the Materia Medica*, Philadelphia, 1825, says that cantharides when employed in small doses, "instead of producing difficult and painful discharges of urine, or its total suppression, excites a copious diuresis, and may often be very usefully employed where the evacuation is to be promoted."

DR. WOOD, *Therapeutics and Pharmacology*, states that this medicine in moderate doses and repeated produces among other effects, "some increase in the quantity of urine."

DR. BECK, *Materia Medica and Therapeutics*, in referring to the effects of moderate doses of cantharides, uses the following language: "In some cases the urine is increased, in others not. Although, therefore, it acts decidedly on the urinary organs, it is not uniform in its action as a diuretic."

DUNGLISON, *Therapeutics and Materia Medica:* "In a smaller dose," i. e., than that which produces nephritis, cystitis, renal suppression, etc., "however, they excite the kidneys to increased action."

HEADLAND, *The Action of Medicine in the System.* "Its acrid principle, cantharidine, becomes soluble by means of alkali in the intestine, and so enters the blood. This compound with an alkali, according to Mialhe, has no irritant properties. But in the renal apparatus, it meets with an acid which again decomposes it, and liberates the irritant cantharadine, which thus is enabled to act as a powerful stimulating diuretic'.'

GARROD, *Essentials of Materia Medica:* "When taken inter-

nally in medicinal doses, the first indication is generally some diuresis," etc.

PEREIRA states that in "some cases diuresis is observed, in others not."

NELIGAN, *Medicines, their Uses, etc.* "Small or medicinal doses generally cause diuresis," etc.; "often proves the most effectual diuretic in dropsy dependent on disease of the heart."

BIDDLE says that "cantharides taken internally in small doses excite the secretion of the kidneys."

WARING, *Practical Therapeutics*, states that cantharides is "a stimulant diuretic," and refers to his own success with it in combination with sweet spirits of niter in the treatment of passive dropsy.

Both Professors CARSON and PAYNE in their respective volumes upon Materia Medica, refer to this agent as a diuretic.

We believe that enough evidence has been adduced to show that a denial of diuretic properties to cantharides is a denial of what some of the most reputable of the profession have affirmed, and that such denial should not be made without it can be substantiated by the clearest and most satisfactory proofs.

We wish to call especial attention to the following extract from BOUCHARDAT, *Manuel de Matiere Medicale, de Therapeutique et de Pharmacie*, Paris, 1864. The distinguished author refers to cantharides internally being especially useful, where there is diminution alike of the urine and of animal heat, from their diuretic action:

"If the urine passed in the twenty-four hours by the patients who are in the state just indicated, be carefully analyzed, it is at once discovered that there is a notable diminution of urea—that in place of twenty or twenty-five grammes in the twenty-four hours, these patients pass not more than ten, and sometimes even but six grammes. These are precisely the cases where cantharides, cautiously given, produces excellent effects."

It is not necessary to pursue this investigation any further at present; and, in conclusion, we would merely say, expressing ourselves more strongly than at the commencement of our article, that we believe Dr. Richardson's explanation not only possibly true, but likewise probably true.

Jones on Functional Nervous Disorders. Republished by H. C. Lea, Philadelphia. For sale by Robert Clarke & Co., Cincinnati.

The subjoined communication from a member of the profession who, though not now engaged in practice, was once for some years thus occupied as well as in medical teaching, so well presents the merits of this excellent work, that any editorial notice is rendered superfluous.

PROF. PARVIN.—*Dear Sir*: I am greatly obliged to you for a copy of Dr. C. H. Jones' *Clinical Observations on Functional Nervous Disorders*, and in compliance with your request, will give you my "opinion" of it. One who is in the habit of reading notices and reviews of the many and valuable contributions to medical science, almost daily coming from the press, might pass over this modest, unpretending little volume, and select instead several others for purchase, and be thereby much the loser. At the risk of being thought over enthusiastic in the expressions of my judgment as to its merits, I will say that it is a priceless work, supplying a need I have long felt, although I could have scarcely told what that need was till I read its table of contents. There may be some who will not so highly appreciate it. Their acquirements and skill may have been equal to the task of successfully meeting and placing "*hors du combat*" the whole brood of those enemies to physical and mental happiness, which are hatched by disturbance of the intricate functions of the hidden, complex, and so little understood cerebro-spinal, and organic nervous system. I *know*, however, that there are some who have been often baffled in their treatment, puzzled, and not unfrequently driven to their "wits ends" to divine the causes of certain manifestations of those disorders, and decide upon proper treatment. To all such I will say purchase the book. I think I would hazard nothing in offering to refund the cost to those who, after reading chapter III. on Cerebral Anemia; IX. Cerebral Excitement; XIV. Headache; XVIII. Spasmodic Affections; XIX. Sleeplessness; XX. Facial Neuralgia; XXXIV. Cutaneous Neurosis; XXXV. Malarioid Disorder, could infer no advantage to themselves from a perusal of the remaining thirty-one chapters.

Could even the eight chapters named with the cases cited in illustration, be read by medical men generally, they would be spared the mortification of seeing so many of their patrons whom they had perhaps often carried successfully through acute diseases, difficulties or accidents requiring skill and science, leave them and resort to homœopathy, hydropathy, or various forms of quackery, or take useless and expensive journeys in quest of relief from spasmodic nervous affections, morbid sensibilities, fancies, watchfulness, paroxysmal headaches, cutaneous neurosis (often mistaken for prurigo or army itch, or other forms of cutaneous disease), and chronic disturbance of the brain and nervous system, and their long catalogue of resulting complications with other organs, morbidly acting and reacting upon each other as the result of "malarioid disorder."

For this 600 pages Dr. Jones merits the lasting gratitude of the profession. Having been physician to St. Mary's hospital, where he had ample opportunity for research, with large experience in private practice, a wide range for clinical observation, (as shown by the record of many interesting cases), he has made each chapter to give abundant food for thought to the medical man who is in search of that aliment so requisite to his usefulness, and so well calculated to enhance his satisfaction with his own exertions in the province of his responsible calling. Will not others enter the list, and emulating this author's bright example, extend their explorations into the almost totally uncultivated field of zymotic diseases? Who is there in our profession that is not waiting with breathless anxiety for the time when analytic research and experiment, shall disclose the antidotes for the multitude of blood poisons, contagious and infectious, that now prove so prolific in suffering and death?

Yours, truly, W. S. P.

"Annus Medicus."

The *London Medical Times and Gazette*, for Dec. 29th, contains a long editorial review or retrospect of the more important medical events of the past year, from which we make the following extracts:—

"As the last days of the year of grace, 1866, glide away, and the whole becomes a part of time past, we must, as is our wont at similar

periods, attempt to present our readers with a short summary of what have been to us as a Profession, its most notable events. It will probably in our memories be most remarkable for the victories won by preventive medicine or sanitary science. In its course have been included the acme and decline of the cattle plague epidemic, and the rise, progress, and termination of a visitation of epidemic cholera. In neither epidemic did the science and art of healing achieve any triumphs or marked success; but in both, the efforts to prevent the spread and progress of disease were signally successful.

"In the first week of the year the number of fresh cases of cattle plague was 9,120; and it continued steadily to increase till, in the week ending February 17th it amounted to 13,901. This was the highest point, and from this time the decrease was very rapid; in each of the two following weeks 3,000 fewer fresh cases were reported; the weekly decrease was about 2,000; then there was a less rapid, though steady, diminution till the disease all but disappeared.

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"Several more or less rational and irrational methods of treating rinderpest were proposed and tried, but not one obtained any encouraging degree of success. An old theory of the identity of the disease with small-pox was again put forth, and some eminent authorities strongly supported and urged the hypothesis that the two diseases are at least so closely allied that vaccination might prove to be as effectual a preventive against the one as it is against the other. It accordingly was tried most extensively and carefully, and at a great expense to the country, but the experiment resulted in total failure, and the idea ought never again to be entertained.

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"It will be remembered that, in September and October last year, (1865), a few cases of cholera occurred in Southampton, and at Epping near London. Though the disease had heretofore always invaded our country through one of the eastern ports, yet it was feared that these cases would prove to be the autumnal mutterings which always precede a cholera storm in the year following, and every effort was made to rouse the authorities and the nation to a sense of the threatening danger.

"About the middle of June these fears were verified by the occurrence of cases of cholera again in Southampton, though the disease did not spread much there till the beginning of July. On July 1st the disease also appeared in Liverpool, and on the 6th at Llanelly. In the first and second weeks of the same month three fatal cases occurred at Bromley in the London district. On the 10th a case was admitted into

the London Hospital, the patient being a woman who had come from Holland, where the disease was rife, on the 6th. On the 12th a rapidly fatal case was taken in from Stepney; on the 13th a third; on the 14th four cases from the neighborhood of the Ratcliffe-highway and the Commercial-road, and six on the 18th. On the 17th and 18th there were, also, two cases taken in at Guy's Hospital, one at St. Bartholomew's, one at the Westminster, and fatal cases were reported in private practice in the east and south of London. The Registrar-General's weekly returns for the metropolitan districts reported thirty-two deaths from cholera in the week ending July 14; in the next week they had risen to 346, of which 308 occurred in the "East districts;" and in the week ending July 28 they amounted to 904, 811 of which were in the same Eastern districts, and in the same week there were 349 deaths from diarrhea. * * * * *

"The mortality was thus seen to be rapidly increasing and to be spreading rather more over the metropolis, while it had already attained a height that was not reached till two weeks later in 1849, and till four weeks later in 1854. It might then well have been feared that in this epidemic, cholera would prove a more terrible destroyer than it had ever yet been with us. But sanitary science fought against it as it had never fought before. In every parish the Health officers were supported much better than in former epidemics, and the most active measures were taken to repel the invader. House-to-house visitation was energetically and efficiently carried out; cholera patients were removed to special hospitals, or special wards in general hospitals; disinfection of all drains and sewers, and of infected houses, bedding, and clothing, was rigorously insisted on; the still healthy were removed from infected houses; the water supply was looked to, and private charity came forward nobly to take care of the suffering, the destitute, and the convalescent. The Health officers were indefatigable in their labors, and the battle was well and gallantly fought, and with remarkable success. In the next week, the week ending August 11, the deaths from cholera had fallen from 1,053 to 781, those from diarrhea from 354 to 264, and the decrease continued to be rapid and steady till in the first week in September, the most fatal week in the two previous epidemics, the deaths from cholera were only 157, from diarrhea 132—in the same week in 1849 they had been 2,026, and in 1854, 2,050. From this time the decrease was never rapid, and in some weeks there was a slight increase; but in the return for the week ending December 1, the Registrar-General was able to say "only three deaths from cholera were registered during the week, and the epi-

demic is now virtually extinct." In the same return we are told that "in the year 1849, when the population of London was about two millions and a quarter, cholera slew 14,137 people of all ages; in 1854 not less than 10,738 out of two millions and a half; and in the present year, when the population exceeds three millions, the deaths have been 5,548, of which 3,909 occurred in the East London districts, and 1,639 in the rest of the metropolis. The deaths to every 10,000 of the population were 62, 43 and 18, in the three epidemics, all over London." And this result has not been owing to any decrease in the fatality of the epidemic, for in other countries its ravages have been fearful. Thus, in Holland and Belgium, up to a recent date the mortality has been 141 to every 10,000 of the inhabitants. In Brussels the deaths have been in the proportion of 164, Utrecht 271, and in Amsterdam 42, in 10,000 inhabitants. Had the same proportion of inhabitants perished in London as in Holland and Belgium, "the deaths, instead of about 5,000, would have exceeded 42,000. Surely, we have a right to rejoice with gratitude in this result as a triumph of hygienic science, "before which the destroyer retreated step by step." * * *

"One of the most prominent and remarkable facts of the recent cholera epidemic was the severity with which it attacked the eastern districts of the metropolis. In the west districts the deaths were only 4 in every 10,000 of the inhabitants, in the North 6, in the South 8, in the Central 9, while in the East they were 64. Beginning in these East districts, it was in them alone that the ravages of the disease at all recalled the violence of former epidemics. An explanation of this has, of course, been anxiously sought for, and has apparently been found in the character of the water supply. Poverty and destitution, filthiness of every kind, drunkenness, and overcrowding exist to at least as great a degree in other parts of the metropolis, especially on the south side of the Thames, as in these unhappy East districts. One thing alone was found peculiar to them, and common to them all; they were all supplied by one water company—the East London—and those parts that suffered most severely were supplied from particular reservoirs of that company. Dr. Rygate, the medical officer of St. George's-in-the-East, has pointed out that on no day, except August 8, did the tale of deaths from cholera reach two figures in any other district than that supplied by the East London Water Works, while for seventeen consecutive days, in the district supplied by that company, the cholera death-roll reached three figures, the number varying from 106 to 171 daily. It would make much too great a demand on our space to show here how the evidence against the water accumulated and strengthened,

and all the facts connected with the epidemic must be too fresh in our readers' memories to make such recapitulation necessary. * *

"The present epidemic has afforded other instances of the cholera-conveying power of water—though, happily, nowhere else has the experiment been made on anything like so gigantic a scale—and the evidence on the same point afforded by former epidemics is well known. As the president of the Epidemiological Society remarked, 'It is now placed beyond question by the labors of Dr. Snow, confirmed as they have been by experience, that water is one of the great agents in diffusing cholera;' or, to quote Dr. Farre once more, 'unclean water can not be consumed with impunity; its consumption is the sin of which cholera is the punishment.' * * *

"While sanitary science won such a triumph in its battle with cholera, it can not be said that any marked advance was made in the treatment of the disease. The most diverse and opposite opinions and modes of practice were to be heard and seen. Former experience really seemed to avail nothing; old methods of treatment which had been tried in former epidemics and had failed, were again tried, and with a like result; and unless we have learned to remember the teachings of this epidemic as to treatment, longer and more exactly than the lessons of previous ones, we shall have learned very little. Two theories of the pathology and treatment of the disease have been promulgated with special persistence and assurance. One, that of Dr. George Johnson, argued out and supported with great ability and zealousness, is, briefly, that the malady is due to a peculiar poison, which, entering the blood, first and most especially affects the minute pulmonic arteries, causing a state of spasmodic contraction and closure of them, and consequently an arrest of the oxidation of the blood; that the vomiting and purging are natural efforts for the elimination of the poison; and that, therefore, the proper and rational way is to favor and assist this effort of nature. The other, Dr. Chapman's, put forth with equal zeal, attributes the disease to hyperæmia of the spinal cord and the sympathetic system, and treats it by ice applied to the spine. Each theory is based on assumptions rather than on proved facts, and each has been insisted on with equal positiveness and conviction of its truth; but neither can be said to have been at all generally accepted or to have met with any marked success. The general result of treatment is, perhaps, a belief that in the earliest stage of the disease, and in the prodromic diarrhea, astringents and opiates are most to be relied on, with rest and warmth, and, in the stages of collapse and reaction, careful nursing and support.

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"The full extent and degree to which the epidemic has prevailed in England is not yet known, as the official information on the subject, conveyed only by the Registrar-General's Quarterly returns, does not at present go beyond the end of September. Up to that time the total number of deaths from cholera registered amounted to 10,365, very nearly half of which had happened in the London districts. The disease prevailed, as usual, in particular districts or 'fields.' The most fatal field after London, was the 'Liverpool field.' In the north-western counties of Cheshire and Lancashire, there were 2,022 deaths from cholera; and of these 1,603 were registered in the Liverpool and West Derby districts. The next largest mortality—1,514 deaths—occurred in the 'Monmouthshire and Wales division,' or the 'Swansea field,' the greatest number of deaths happening in Swansea, Neath and Llanelly. The south, north, and west midland counties almost escaped the disease; and in Herefordshire and Rutlandshire no death from cholera had been registered. The south-eastern counties suffered rather severely. Ramsgate was included 'by extension down the Thames, in the London cholera field;' and into other parts of Kent the hop-pickers from London imported the disease. The summary of the Registrar-General's analysis of the course the epidemic had taken so far was thus expressed: 'The epidemic has been most fatal on the sea coast in the chief ports of the kingdom. It is by no means capricious, but obeys definite laws. It never destroys the people to any extent where the water supply is pure, or where the hygienic conditions are good, when the authorities adopt judicious and well-organized measures of early and systematic disinfection.'

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"The International Sanitary Conference of Constantinople for preventing the diffusion of epidemic cholera and for the preservation of Europe from future invasion of the disease has made its report. It considers that the disease originates only in India, never in Europe; that it is a transmissible disease, following in the wake of man, and not carried by the atmosphere to any distance; that it is spread chiefly by the evacuation of cholera patients, and that it rages most in places in a bad sanitary condition; it believes that the cholera poison may adhere to the surface of clothes, the walls of houses, the interior of ships, etc., and that by these means it may be communicated. On these principles it bases its proposed measures of preservation, and asserts that the disease is to be met by measures of restriction of intercourse, of purification and disinfection, and of public and private hygiene. We have nothing to say of the measures of purification and disinfection recom-

mended except that they seem to be very full and perfect, and quite practicable; but for the measures of restriction and of hygiene we must remark that, however perfect they may be theoretically and scientifically, many of them appear to be so impracticable as to be useless. For instance, the Conference objects to the system of drains and sewers in communication with houses, and it calls for the abolition of all privies and cess-pools or wells, and their replacement by movable receptacles, such as earth closets, or 'fosses mobile,' to be frequently emptied and cleansed, and so constructed that the contents can not sink into the soil; the contents to be carried out of the towns; water-closets, when used, never to be within the houses. However desirable all this may be theoretically, is it not quite impracticable in cities of any size? while to recommend such a scheme for cities of one, two, or three million inhabitants, appears with all due respect be it said, simply ridiculous. And supposing that all excreta could thus be removed 'out of the town,' what is to be done with them? where are they to be buried so as not to contaminate the soil? Again, the quarantine measures recommended are such as never can be carried out. They are 'neither practicable nor rational,' as Dr. Farre said in the discussion which followed Dr. Goodeve's valuable and lucid statement of the results of the Conference at a meeting of the Epidemiological Society. The quarantine recommendations were, we believe, carried in opposition to the advice of the able and experienced English representatives at the Conference, Drs. Goodeve and Dickson; but a full analysis of the Conference will be found in our pages during the month of October.

"The General Medical Council met on May 17, sat eleven days, and got through a considerable amount of speaking and some business. They finally settled a 'Medical Acts Amendment Bill,' which we may hope to see passed next year, if Reform does not again stop the way. * * * * * *

"But the acts of the Council, and all that they did, are written in the first volume of our journal for the year, and to that record we must refer the reader, as we really have not the heart to go more into the detail here. We have so much respect for the individual members of the Council, and so little for the results of their collective wisdom, that we will be content to notice thus shortly what they actually did, and to cherish still, as best we may, the hope that they may in time overcome the difficulties inherent in their constitution as a body, and justify more satisfactorily their costly existence, and their liberal expenditure of time and labor. * * * * *

"At the Royal College of Physicians, Sir Thomas Watson was again,

and for the fifth time, unanimously elected President. But in addressing the Fellows, with his usual graceful and happy eloquence, on the occasion, he observed, 'Should I survive the coming year, and—which I have the presumption to suppose to be even more likely—should your kindness toward me also survive it, it will be my duty to make way for some younger and abler (?) President. * * Five years' occupancy of this chair is, in my opinion, quite as much as is good either for the College or the President himself.' * * *

"The trial of 'Hunter *v.* Sharpe,' deserves mention here, as, though not directly affecting medical men, it had so much to do with the conduct and honor of the profession, and was of such importance in defining the legal limits of criticism, that we are all deeply interested in it. It was an action for libel, brought by Dr. Hunter against the *Pall Mall Gazette*, on account of a very severe and trenchant criticism on that person's pretensions, conduct, and practice as a physician. The courage and downrightness of our able and spirited contemporary, in defense as well as in attack, were most admirable, and the result was that the jury considered the article complained of had so far overstepped legal bounds that they gave Dr. Hunter a verdict, with *one farthing* damages. The medical evidence adduced for the defense was remarkable for its clearness, ability, and unanimity, and the Chief Justice's summing up, a magnificent display of talent and eloquence; it merits the study of every one for the clear and lucid way in which it points out the differences between the conduct and mode of practice of the quack and the honorable practitioner of medicine. * *

"Some of the London hospitals were visited during the year by a female physician from America, who, not content with private practice, had also served as a surgeon in the Federal army during the late war. Dr. Mary Walker wore a hybrid, or rather a hermaphroditic, kind of dress, which, according to her own description, 'was constructed on physiological principles with moral bearings;' and she gave a public lecture at St. James' Hall, but probably only the enemies of the order of female physicians would call the performance a success. We are not ourselves believers in the need for, or probable success of, a class of woman-doctors, and we are very sure that if ever such an institution is to live, it must be modeled after the modest, feminine, unobtrusive type so favorably shown in Miss Garrett, at present the sole English example, and not after the somewhat aggressive one imaged forth by our trans-Atlantic sister. * * *

"Among the pleasing events of the year, we were glad to record that Dr. Burrows, on the resignation of his appointments at St. Bartholo-

mew's, received a very handsome and gratifying testimonial of affection and esteem from his colleagues and pupils, old and young; that Mr. Henry Thompson had been appointed Surgeon Extraordinary to the King of the Belgians; that Dr. W. Mackenzie, C. B., of the Madras army, has been made a 'Companion of the Most Exalted Order of the Star of India,' and Sir James Clarke made a K. C. B.; that Dr. Markham, as well as Dr. Edward Smith, had been appointed Poor Law Inspectors; and that Drs. J. Y. Simpson, Dominic Corrigan, and Watson, have, like Sir William Fergusson, last year, received the honor of the Baronetcy, the highest dignity ever bestowed by the Crown on members of our profession. All well deserved the distinction, but the recognition of Sir Thomas Watson's eminence gave special satisfaction to the profession at large, as it has seldom been the lot of any physician to command such universal confidence and respect by his intellectual powers, and to win such affectionate regard by his character, as has the popular President of the College of Physicians."

Change of Type in Disease.

Dr. Markham has republished his Gulstonian Lectures on "Bleeding and Change in Type of Diseases," which appeared in this *Journal*. In the Preface will be found an interesting letter from Sir Thomas Watson, wherein, with his usual candor, he admits that his views touching the change in type theory have undergone modification. Such a statement from so high an authority is worthy of especial attention. We are sure our readers will be glad to see his letter *in extenso*. The question involved in the change of type theory is not a mere matter of theoretical discussion. The practical fact of bleeding in disease is closely connected with it. It will be seen that Sir Thomas Watson indorses the opinion given by Dr. Markham: that (whatever be the explanation) medical men abstain more from bleeding at the present day than is good for their patients; that they have rushed from the extreme of profuse and ill judged venesection into the extreme of total abstinence.

"My Dear Dr. Markham—Since I listened to your Gulstonian Lectures on Venesection, and especially since you told me of your purpose to publish them in a book, I have felt it to be my bounden duty, as a former teacher of medicine, to re-examine and consider afresh the collateral question discussed in them, respecting the so-called 'change of type' in diseases.

"By that phrase I mean some change in the human body, existing through considerable spaces or cycles of time, which renders it varyingly affected by the causes and by the remedies of disease, and especially of febrile and inflammatory diseases; so that diseases nominally the same shall, during one period, express themselves in the body more strongly, and during another succeeding period more feebly, and shall accordingly require and bear, now more and now less of what is called energetic, active, depleting, or lowering treatment.

"That this kind of difference, arising from some obscure outward influence, atmospheric, telluric, magnetic, social, or what not, may really be seen in different epidemics of the same disease, will be admitted, I suppose, by all men who have had opportunities of noticing the phenomena of epidemic distempers. But I am obliged to confess that the result of my later reading and inquiries, and of careful reflection on the matter is, that my previous belief in the soundness of the doctrine of a general and more abiding variation of type, in the sense now explained, has been shaken.

"In making this confession I desire to protest against the uncharitable imputation (not made by you, nor especially against myself, but thrown out somewhere, as I gather from Dr. Stokes's address before the British Medical Association) against those who hold or have held the controverted doctrine, the imputation that it was artfully invented to conceal former errors of practice in regard to blood-letting.

"Indeed, though I believe that great errors were committed in past years by excess in bleeding, as at the present time by its utter neglect, my own conscience is not uneasy on that score, for I have never been a lavish or a frequent bleeder. I taught, no doubt, because I believed in them, the lessons which I had received from my predecessors, and I endeavored to explain to my class how it was that my practice was apparently so little in accordance with my public teaching. In the first edition of my lectures I say:—

"'Those among you who happen to be attending the wards of the Middlesex Hospital may wonder indeed, after hearing my estimate of the power of bloodletting over inflammation, that I so seldom prescribe venesection there. The truth is, not that I undervalue the remedy, but that the time for its employment has generally gone by. The poor are unwilling to relinquish the occupations by which they subsist; they struggle on as long as they can, and resort to hospitals only when they are compelled to do so by the exigency of their malady. Many of them, laboring under inflammation, have been freely bled before admission. It is commonly too late when they present themselves to ex-

pect that the course of the disease can be so arrested. The first effect of bloodletting is to deplete and relieve the laboring circulation. But when it is again and again repeated, it becomes (as the French say) *spoliative;* it robs the vital fluid of its nutrient and plastic materials,' etc., etc. (vol. i, p. 217.)

"A careful survey of the facts and arguments adduced on both sides of late, respecting the alleged change of type, compels me, I say, to suspect that my previous opinion was a mistaken one. In that survey it was needful for me, looking back, to trace, if I could, what were the sources of that opinion, and the retrospect has shown me, I think, the main causes to which it owed its origin and strength.

"First, then, I repeat, I had faith in the judgment of the practicers and teachers of medicine at whose feet I had sat as a learner, that the old fashion of free bleeding in certain inflammatory and other febrile diseases was a right practice.

"But as the field of actual observation and experience enlarged itself before me, I soon found that those symptoms and conditions which I had been taught to regard as the warrant for free bloodletting, very rarely presented themselves; and this fact gave birth to a notion, vague enough at first, that the inhabitants of our great and crowded metropolis, and especially the class of persons who form the bulk of the in-patients in our London hospitals, among whom my experience then chiefly lay, had somehow become less likely to receive benefit from, and less able to sustain, the active use of what are spoken of as lowering remedies.

"About the same time came the teachings of a desolating visitation of influenza (the first that I had seen) in 1833, the year after the first outbreak of cholera in this country.

"The cautions enforced by the influenza, as well as its name, outlived the occasion. The abstinence from depressing measures, inculcated by that depressing disorder, was continued to cognate and extended to other disorders, and this by general consent; and thus men learned the safety and the wisdom of a less heroic treatment of disease in general, and thus the doctrine now called change of type got plausible support; but I believe that the main ground for that doctrine was furnished by the differing behavior under medical treatment of different epidemics of fevers.

"My dear friend, Dr. Latham, one of the most conscientious, careful, and unprejudiced students of disease that I have ever known, had collected (after about ten years' observation as one of the physicians to St. Bartholomew's Hospital) materials for, and was on the point of pub-

lishing a book on fever. He had chosen with care his clinical assistants; he had kept regularly and had periodically digested his case-books and their records; and he found that he had bled from the arm one in every four of his fever patients, and had applied leeches to nearly all of them; and the mortality had been seven in the hundred.

"But not long after the first visitation of cholera in 1832, so great a change occurred among his fever patients that he did not dare to bring out his prepared book. *Now*, he could not venture to draw blood from any of his fever patients. Their condition urgently demanded support, and the mortality among them was doubled. So numerous were the deaths that it was impossible to make any regular inspection of bodies as long as this state of things lasted.

"This looked very like a change of type.

"We know now, but few or none of us knew then, that the diseases with which Dr. Latham had been dealing were, not varying types of the same malady, but two diseases differing in species; the first having been enteric fever, the second typhus.

"In this way, and to this extent, I readily admit that modern improvements in diagnosis have modified on grounds of reason, our practice.

"I remember, also, to have read Dr. Caleb Williams' address to the British Medical Association on the "Change of Type in Disease," in which he adduced his own experience and convictions on that topic, and gave some account of Autenreith's work, to the same effect.

"Again, and more lately I remarked (and the fact tended to strengthen my faith) a great consensus of opinion among medical writers upon the alleged change of type who had lived and practiced in the period when the change was supposed to have manifested itself, while it was chiefly questioned or denied by younger men, whose personal experience had not included that period.

"I trust that I may now have convinced you that the opinion combated by you (which I should be ashamed if I had not candor or courage enough to renounce, or at any rate to doubt, upon good cause shown) was not formed at random, nor without supposed foundation for it, still less adopted as a miserable cover or excuse for former bad practice.

"I suspect that, in a sentence of mine which has obtained an unhappy prominence in this controversy, I ought to have spoken of successive 'waves' of 'opinion' rather than of 'time.'

"Believe me, very truly yours,

"THOMAS WATSON."

—[*British Medical Journal.*

We invite the attention of our readers to the following editorial in the London *Lancet*, December 15th, as it bears upon a point which, strange as it may appear, has never, we believe, been brought before the National Association:

"Amongst the many subjects incidentally suggested to the mind in the course of the recent trial of Hunter *v.* Sharpe, is the question of the state of English law in reference to foreign and colonial degrees. At present our law does not recognize them; or, to speak more accurately, it only recognizes such as were obtained prior to the passing of the Medical Act, and this with certain restrictions. Registration of foreign and colonial degrees and diplomas can only be procured under the provisions of the forty-sixth section of the Medical Act, and those of the eleventh section of Schedule A to the Act. Accordingly it is necessary for the registration of such degrees and diplomas that they shall have been obtained, 'after regular examination,' and before the passing of the Act. It is further necessary for the registration of any such degree or diploma, that the holder of it should have been in practice, as a physician or surgeon, as the case might be, *within the United Kingdom before the first day of October*, 1858. The Medical Council have properly observed the utmost care in registering foreign degrees, even within the above limits. In 1859 it passed resolutions to the effect that in any case of application for the registration of a foreign or colonial degree, the Registrar should institute strict inquiries, by letter addressed to the university or college represented to have conferred the degree, as to the genuineness of the document produced to the Registrar, and as to the regular examination of the person producing it. We have authority for saying that in no instance of the registration of foreign or colonial degrees or diplomas have the foregoing rules been deviated from. The Council can not be too highly applauded for its excessive care in this matter, as exemplified in its resolution of 1859. We are not quite sure, however, that the law itself on this subject is creditable. We should be disposed to advocate the registration of all respectable foreign and colonial degress as an act of national, or rather international, respect and good will. Just as we would wish in New York or in Paris to be treated and respected as medical men, so we should wish to accord to all worthy graduates of New York or Paris, or any other great school of medicine, the same honor and the same right of practice as we accord to the holders of British degrees. Let the Council take any steps it pleases to ascertain

the nature of the curriculum required to obtain any particular degree, and, on being satisfied on this point and on the personal respectability of any holder of the said degree, let it be free to register it. According to the present state of the law, Professor Trousseau, of Paris, or Dr. Flint, of New York, were they disposed to practice in London, could not be registered without examination. Their present qualifications would be simply ignored. This, we submit, is not the ultimatum of professional generosity. It is true that all graduates of Paris are not Trousseaus, and all graduates of New York are not Flints; but it is by the law affecting the many that the feelings of great nations are influenced. A little generosity here on both sides would cement the profession throughout the world. It would only be the expression in our law of a feeling of respect which every foreigner meets with in our medical societies. Not long since, physicians and surgeons of Edinburgh were unqualified for medical and surgical practice in London. We are all ashamed of that narrowness now. In the present condition of the law in regard to foreign and colonial degrees there lurks a remnant of this narrowness."

It is indeed refreshing to read in a journal of such influence as the London *Lancet* sentiments so liberal and just. The utmost generosity has already been extended to members of the medical profession from Great Britain, who have thought proper to select this as the home of their adoption, but as the *Lancet* truly observes, it is about time that this "one-sided reciprocity" were ended. If merit were the qualification required by British laws to entitle the practitioner to deal with the health and lives of British subjects, what multitudes could be found in our country equal, if not superior to many who have a *legal* qualification to practice there, and who when they choose, emigrate and enter without restraint into competition with the profession of the United States, although a Flint would be debarred that privilege in Great Britain? Should any doubt our assertion in reference to the comparative merits of many British and American practitioners let them examine the reports made during the past year to the British Medical Council, and they will be amazed at the low estimate placed by her own best judges of the actual qualifications of large numbers who have succeeded in obtaining the diploma of the Royal College of Surgeons. But the editorial we have quoted breathes too noble a spirit to warrant unkind remarks, and we gladly banish this unpleasant topic, resolved to cherish only what every American who has mingled with the profession of Great Britain, must truly feel, viz.: sentiments of gratitude and admiration.

G. C. B.

Death of Dr. Horace Green.

Died, at his residence at Sing Sing, on the Hudson, on the 29th day of November, Dr. Horace Green, in the sixty-fourth year of his age. Dr. Green was born in the town of Chittenden, Vermont, on the 24th of December, 1802. He was of the seventh generation of his family in this country. His father and three brothers served in the army during the revolutionary war, his father being the only one of the brothers who survived that struggle. Dr. Green studied medicine in the office of his brother, who was a practitioner of reputation in Rutland, Vt., and was graduated at Middlebury in 1824, in the institution subsequently known as the Castleton Medical College. After his graduation he practiced medicine in connection with his brother in Rutland, until the fall of 1830, when he went to Philadelphia, where he passed the winter in attendance upon the lectures at the University of Pennsylvania. Returning the following spring to Rutland, he continued to practice there till 1835, when he removed to New York, where he has since resided. In 1838 he visited Europe, and shortly after his return to New York, in the same year, he commenced his investigations into the pathology and treatment of those diseases of the air passages, with which subject his name is so indissolubly associated. From 1840 to 1843 he was connected with the Medical College in Castleton, Vt., as professor and president of the faculty, lecturing upon the Theory and Practice of Medicine. In 1850 he united with several distinguished medical gentlemen in founding the New York Medical College. In this institution he also occupied the chair of Theory and Practice of Medicine, and was elected to the presidency both of the Faculty and the Board of Trustees. He continued to lecture in this college till 1860, when he was elected Emeritus Professor, retiring at that time from active participation in the duties of a teacher.

He received the honorary degree of A. M. from Union College, Schenectady, and in 1853 the degree of LL.D. from the University of Vermont, at Burlington. He was a member of the Phi Beta Kappa Society and of the Society of the Cincinnati.

In 1854 he established, in connection with his colleagues of the college, the American Medical Monthly, with the editorial department of which he was connected till 1857, continuing to contribute to its pages, however, until it was suspended, in 1862.

Dr. Green was a member of several learned societies, both at home and abroad, to many of which he contributed valuable papers. Among these, which were subsequently published in the medical journals of the day, may be enumerated: Observations on the Influence of Malari-

ous Atmosphere in the Prevention and Cure of Phthisis Pulmonalis (N. Y. Journal of Med. & Surg., Jan., 1840.) On the Effects of Ergot in Parturition, with cases (N. Y. Journ. of Med. and Surg., Jan., 1841.) Treatment of Epilepsy (N. Y. Med. Gaz., March, 1853.) On the Subject of Priority in the Medication of the Larynx and Trachea (American Medical Monthly, April, 1854). Some Important Observations on Aphonia, arising from Organic Lesions (American Medical Monthly, August, 1854). Remarks on Croup and its Treatment (American Medical Monthly, June, 1854). On the Employment of Injections into the Bronchial Tubes and into Tubercular Cavities of the Lungs (American Medical Monthly, January, 1855). Report on the Use and Effect of Applications of Nitrate of Silver to the Throat, either in Local or General Disease (Trans. American Medical Association, 1856). Lesions of the Epiglottic Cartilage (American Medical Monthly, Oct., 1857). Croup, its Treatment by Cauterization and Catheterism of the Larynx (American Medical Monthly, February, 1859). On the Difficulties and Advantages of Catheterism of the Air Passages in Diseases of the Chest (American Medical Monthly, February, 1860).

His published works, written while pursuing an extensive and laborious practice, were: A Treatise on Diseases of the Air Passages, 1846, which has reached the third edition. The Pathology and Treatment of Croup, 1849. On the Surgical Treatment of Polypi of the Larynx and Œdema of the Glottis, 1852. Selections from the Favorite Prescriptions of Living American Practitioners, 1858, which has received a French translation. A Practical Treatise on Pulmonary Tuberculosis, 1864.

Few men in the profession of medicine in this country have attracted so much attention to their professional career as did Dr. Green. Announcing, in his earlier writings, a plan of treatment for diseases of the air passages which was at once regarded as "bold and novel," it met, naturally, much skepticism and opposition. This induced discussion, and from discussion arose a more thorough investigation into the subject in dispute. An impetus was given to the study of laryngeal diseases, and, as a result, the means of their diagnosis and treatment have been immeasurably increased.

Dr. Green lived to see the views he promulgated thoroughly proved by the aid modern science has placed in our hands. Fearless by nature, and indued with a strong religious sentiment, he gave to the study of his profession a sincere earnestness, which is apparent in all his writings. A part also of his religious character was his faith, and this, too, was plainly observed in his professional life as well as in his daily walk and

conversation. He believed in the sacredness of his stewardship, and labored to fulfill its duties. A long and weary illness, the result of over-labor, terminated his life.—*N. Y. Med. Jour.*

Twelfth Annual Report of the Trustees and Officers of the Southern Ohio Lunatic Asylum, for the Year 1866.

The report of the Southern Ohio Lunatic Asylum is the first public document of the season which has reached us, and it furnishes evidence of the institution being in efficient working condition, and fulfilling the objects for which it was founded. Of the numerous statistics always given in such reports, we can copy only the following table, showing in outline the results of the year's work.

	Males.	Females.	Total.
In Asylum at beginning of year,	77	94	171
Admitted during the year,	44	59	103
Under treatment at beginning of the year,	121	153	274
Discharged—Recovered,	26	35	61
Improved,	4	5	9
Unimproved,	8	13	21
Died,	2	4	6
Remaining in Asylum,	81	96	177

The mortality for the year has been exceedingly light; no epidemic disease has prevailed among the inmates, and in every respect the institution seems to have been favored. The most gratifying fact recorded in this report is that an appropriation has been made for an extension of the asylum to the size of the original plan, which will give very much greater capacity for the reception of this class of unfortunates, and much better facilities for their treatment. It is well known to medical men that large numbers of chronic insane are confined in our county infirmaries and jails, where their condition is generally such as to excite the compassion of every humane person, and unworthy of the age of civilization in which we live. We rejoice that our state is about furnishing asylum room for these unfortunates, and will rescue them from their deplorable condition. In everything relating to benevolent institutions, Ohio occupies a proud position, nor does she seem likely to weary in well-doing.

We must refer our readers to the able report itself, for further particulars, which want of space will not permit us to give. We are happy to feel assured that the Southern Ohio Lunatic Asylum is in a condition creditable to its officers and satisfactory to its friends.

It is reported that the late Mr. John Van Buren (son of Martin Van Buren), one of the most prominent members of the New York bar, on the morning of the day on which he died, in the hight of fever, made a coherent and logical speech, the delivery of which occupied two hours and a half. He died on board the steamer Scotia, in October last, on his return from Europe. In connection with the above the following extract from Dr. J. A. Symonds article on Death, in *Todd's Cyclopedia of Anatomy and Physiology*, may possess some interest:

"The delirium of the dying is often of a most interesting character and resembles dreaming more than any other form of derangement that has fallen under our notice. The ideas are divined less from present perceptions than in insanity, and yet are more suggested by external circumstances, than in the delirium of fever and phrenitis. Thus, the presence of a bystander often suggests the image of a friend long departed, in which character the moribund man addresses him, and talks earnestly of persons, scenes, and events belonging to a former period of his history as if still present. The vivified conceptions are generally derived from subjects which either in his speculative pursuits, or in the business of life had principally occupied his thoughts. The last words of Dr. Armstrong were addressed to an imaginary patient, upon whom he was impressing the necessity of attention to the state of the digestive organs. We have heard that a great legal officer, not long deceased, having raised himself for a moment from his couch, said, "Gentlemen of the Jury you will find,"—and then fell back upon his pillow, and expired. The visual conceptions reproduced in some minds often appear to be derived from poetical reading. We remember hearing a young man, who had been but little conversant with any but civic scenes, discourse most eloquently a short time before he died, of 'sylvan glen and bosky dell,' purling streams, and happy valleys; 'babbling of green fields,' as if his spirit had been already recreating itself in the gardens of Elysium. It not unfrequently happens that the spectra owe their origin to contemplations of future existence; and consequently that the good man's last hours are cheered with beatific visions, and communion with heavenly visitors.

'Saw ye not even now a blessed troop
Invite me to a banquet, whose bright faces
Cast thousand beams upon me, like the sun?
They promised me eternal happiness,
And brought me garlands, Griffith, which I feel
I am not worthy yet to bear; I shall assuredly.'"

KING HENRY VIII, Act IV, Sc. 2.

MR. GUTHRIE'S CLIN. LECTURE ON WOUNDS OF THORAX.—MED. AND SURG. JOURNAL, VOL. 2, P. 748.—"I do not know whether it is advisable to recommend with Sir Lucius O'Trigger, in *The Rivals*, that gentlemen should stand fair to the front, in duelling, and be shot clear through one side of the body, instead of making as small as possible an edge, by standing sideways, and running the risk of being certainly killed by the ball penetrating both sides; but this I do know: that there is neither charity nor humanity in choosing the pistols at present adopted. The balls are so small, that the hole they make is always a source of inconvenience in the cure; and the quantity of powder is also so small, that it will not send the ball clean through a moderately thick gentleman; it therefore sticks in some place where it should not, to the extreme disadvantage of the patient and the great annoyance of the surgeon. These things really should be altered with the present diffusion of knowledge. It is bad enough to be shot by your adversary, but it is worse to know that you lose your life through the kindness of your friends in not putting powder enough in the pistol to send the ball through you."

We have been requested to publish the following notice:

PRIZE QUESTION.—The subscribers, a committee of the Connecticut Medical Society, offer the Jewett prize of two hundred dollars for the best Essay on the following question, viz: By what hygienic means may the health of armies be best preserved? And the Russell prize of two hundred dollars for the best Essay on the following question, viz: The Therapeutic uses and abuses of Quinine and its salts? The offer is extended to all physicians and surgeons of the United States and the British Provinces of N. A. In awarding the prizes, the committee will regard the literary merits as well as the scientific value of the papers submitted; and if no essays are received worthy of such liberal prizes a decision will be deferred and the time extended. Essays may be forwarded to either of the committee for the Jewett prize on or before the first of March, 1867. For the Russell prize, on or before the first of March, 1868, each accompanied with a sealed envelope inclosing the name and address of the author. The unsuccessful essays will remain with the member of the committee in whose hands they were originally placed, subject to the order of their respective authors.

B. H. MARTIN, West Meriden,
L. J. SANFORD, New Haven,
HENRY BRONSON, " "
} Prize Com.